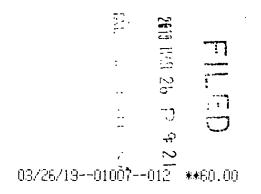


(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	_	ration Se on of Co	ction rporations							
SUBJF	:ст: _	Dayto	ona Propertie							
			Name of Fore	eign Lu	nited Liab	ility Comp	any			
Dear Si	ir or Ma	ıdam:								
The end	closed a	pplication	on, certificate and fee(s) are s	ubmitted f	or filing.				
Please	return a	ll corres	pondence concerning	this ma	tter to the	following:				
Just	tin S	. Sco	tt							
			Name of Person			_				
Cole	emar	n Tall	ey LLP							
			Firm/Company		<u>.</u>	_				
109	Sou	th As	shley Street							
			Address		· - -	_		17	21	
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			concerning this matte	er, plea	se call:	671	8227			
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	ed is a Filing		or the following amou \$30 Filing Fee & Certificate of State] \$55 Fili Certifie	ng Fee & d Copy	Certil	iling Fee, Teate of St Tied Copy	tatus &	

TO:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Department of	Ī	
State: Daytona Properties GP II, LL	_C		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	oility company is: M15000005804		
 Jurisdiction of its organization: Georgia Date authorized to do business in Florida: July 		22	
4. Date authorized to do business in Florida: July	22, 2015		
SECTION II (5-9 complete only the applicable cl		12 12 13	1
5. New name of the limited liability company: (must	contain "Limited Liability Company," "L.I	C" or "LLC.")	•
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members adopting the alternate name	orida and attach a . The alternate nam	ıe
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	d officer address on our records, enter the naddress_here:	ame of the new	
Name of New Registered Agent:		-	
New Registered Office Address:	Enter Florida Street Addr	THEE	
 -	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of	t and agree to act in this capacity. I further	agree to comply w H am familiar with	rith h

and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

. If the amendment c	hanges person, title or capacity in acc	cordance with 605.0902 (1)(e), inc	licate that change:
itle/ Capacity	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			- Akemove
			Remove
			Add
	icate, if required: no more than 90 onendment(s), duly authenticated by i		Remove
	the law of which this entity is organ		

Filing Fee: \$25.00

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DAYTONA PROPERTIES GP II, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2019.



Authentication: 202504077

Date: 03-23-19