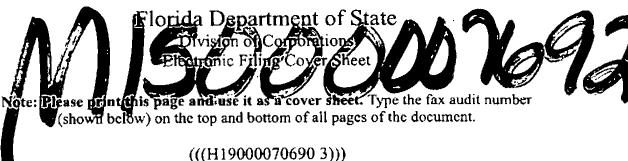
3/1/2019

Division of Corporations





Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344 Phone : (305)520-2400 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRIGHTLINE MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Brightline Management LLC Name of Foreign Limited Liability Company				
Dear Sir or Madam:				
	_			
The enclosed application, certificate and fee(s) are	submitted for filing.			
Please return all correspondence concerning this re	natter to the following:			
Kolleen Cobb				
Name of Person				
Firm/Company				
	Cloor			
117 NE 1st Avenue, 11th	FIOOI			
Address				
Miami, FL 33132				
City/State and Zip Code				
Isallana sabb@fasi.com				
kolleen.cobb@feci.com E-mail address: (to be used for future annual re	port notification)			
E-mail address. (to be used for facility minimum.)	F			
For further information concerning this matter, pl	ease call:			
	,,305 ,520-2300			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount: \$25 Filing Fee \$\sum \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

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	
State: Brightline Management LLC	
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: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	5 5 T
2. The Florida document number of this limited lia	bility company is: M15000007692
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 09/	25/2015
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office as	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Florida
	City Zip Code
Many Davissand Avent's Civenture, if shoroing Da	evictered Avent

New Registered Agent's Signature, if changing Registered Agent;
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:					
Title/ Capacity	<u> </u>	Address	Type of Action		
VP	Anderson, Mauricio H.	117 NE 1st Avenue, 11th FL			
		Miami, FL 33132	Remove		
			DAdd		
			Remove		
			Add Fi		
			Renfove Renfove Control Action		
			22 Remove		
<u></u>			Add		
aforementi	under the law of which this entity is or	by the official having custody of records	Remove		

Filing Fee: \$25.00