

M15000009880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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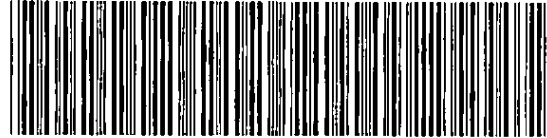
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FOREIGN AMEND

1. ORC HANNIBAL SQUARE II, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORC Hannibal Square II, 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 matter to the following:

William R. Lowman, Jr.

Name of Person

Shuffield, Lowman & Wilson, P.A.

Firm/Company

1000 Legion Place Suite 1700

Address

Orlando, FL 32801

City/State and Zip Code

RegisteredAgent-WRL@ShuffieldLowman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Crisler

Name of Person

at (407) 581-9800

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, 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 on the records of the Florida Department of

State: ORC Hannibal Square II, LLC

Enter new principal office address, if applicable:

941 W. Morse Blvd

(Principal office address

Suite 315

MUST BE A STREET ADDRESS)

Winter Park, FL 32789

Enter new mailing address, if applicable:

941 W. Morse Blvd

(Mailing address

Suite 315

MAY BE A POST OFFICE BOX)

Winter Park, FL 32789

2. The Florida document number of this limited liability company is: M15000009880

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/09/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: DRE - Hannibal Square II, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: William R. Lowman, Jr.

New Registered Office Address: 1000 Legion Place, Suite 1700

Enter Florida Street Address

Orlando

Florida

32801

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

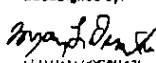
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Owens, Robert D	1646 33rd St, Suite 301	<input type="checkbox"/> Add
		Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
MGR	Demetree, Mary L.	941 W. Morse Blvd, Suite 315	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32789	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

 5F1D15A7-50C8B43F signature of the authorized representative

Mary L. Demetree as Manager

Typed or printed name of signee

Filing Fee: \$25.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ORC HANNIBAL SQUARE II, LLC", CHANGING ITS NAME FROM "ORC HANNIBAL SQUARE II, LLC" TO "DRE - HANNIBAL SQUARE II, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF JULY, A.D. 2024, AT 10:14 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is ORC Hannibal Square II, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is changed to DRE - Hannibal Square II, LLC

DocuSigned by:

By: 5FD1BAF90C6B43F ..

Authorized Person

Name: Mary L. Demetree, as Manager

Print or Type