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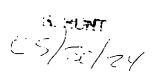


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(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

05/30/2024

D	Acc#12016000072
	Acc#I20160000072
Name:	SCG Atlas Sheridan Ocean Club, L.L.C.
Document #:	
Order #:	15595515 - 73
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you!

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: SCG Atlas Sheridan Ocean Club, LLC			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liabilit		0292	
3. Jurisdiction of its organization: Delaware			:
4. Date authorized to do business in Florida: 12/28/20	015		
SECTION II (5-9 complete only the applicable char	nges)	:	L3 L3
5. New name of the limited liability company: (must con	ntain "Limited Liability C	ompany, " "L.L.C.," (or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managi must contain "Limited Liability Company," "L.L.C." of	the purpose of transacting ng members adopting the or "LLC.")	business in Florida a alternate name. The a	nd attach a ilternate name
6. If amending the registered agent and/or registered or registered agent and/or the new registered office addre		rds, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da Street Address	
		, Florida	
	City		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.

Title/ Capacity	Name	Address	Type of Action
AMBR	Paul Ahls	591 W. Putnam Ave	S Add
		Greenwich, CT 06830	□Remove
AMBR	Brian_Soss	591 W. Putnam Ave	% Add
		Greenwich, CT 06830	□Remove
AMBR	Andres Panza	591 W. Putnam Ave	⊠ Add
		Greenwich, CT 06830	
AMBR	Steven Post	591 W. Putnam Ave	& Add
		Greenwich, CT 06830	□Remove
AMBR	Harry Rummell	591 W. Putnam Ave	% Add
		Greenwich, CT 06830	□Remove
	ertificate, if required: no more than 90 by the official having custody of reco		
organized.	•		

Filing Fee: \$25.00

itle/ Capacity	<u>Name</u>	<u>Address</u> <u>Type</u>	of Action
uthorized Signatory	Kellie Jackson	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remov
thorized Signatory	Lorie O'Dell	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remove
horized Signatory	Rachelle Hundley	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remov
norized Signatory	Nelda Jones	1580 Sawgrass Corporate Pkwy, Ste 403	Add
		Sunrise, FL 33323	_ □Remo
			_ □Add
			_ □Remov
		days old, evidencing the aforementioned amends ords in the jurisdiction under the law of which	
	Signature of the author	prized representative	

Filing Fee: \$25.00