

7/27/22, 5:25 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

M16 000000284

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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
SCG ATLAS ST. ANDREWS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 JUL 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 28 AM 9:03

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JUL 28 2022

K. Brumley

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 St. Andrews, L.L.C.

Enter new principal office address, if applicable:

C/O GID

(Principal office address MUST BE A STREET ADDRESS)

125 High Street, High Street Tower, 27th Floor

Boston, MA 02110

Enter new mailing address, if applicable:

C/O GID

(Mailing address MAY BE A POST OFFICE BOX)

125 High Street, High Street Tower, 27th Floor

Boston, MA 02110

2. The Florida document number of this limited liability company is: M16000000284

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 12, 2016

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

5. New name of the limited liability company: Mainstay Coconut Creek 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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

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

2022 JUL 28 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

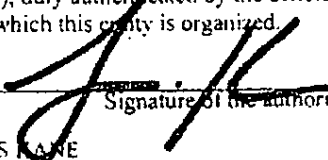
APPROVED
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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.



 Signature of the authorized representative
 JAMES KANE

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 "SCG ATLAS ST. ANDREWS, L.L.C.". CHANGING ITS NAME FROM "SCG ATLAS ST. ANDREWS, L.L.C." TO "MAINSTAY COCONUT CREEK LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2022, AT 4:30 O`CLOCK P.M.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

**CERTIFICATE OF AMENDMENT TO THE
CERTIFICATE OF FORMATION
OF
SCG ATLAS ST. ANDREWS, L.L.C.**

* * * * *

*In accordance with the provisions of §18-202 of the
Limited Liability Company Act of the State of Delaware*

* * * * *

The undersigned, being duly authorized to execute and file this Certificate of Amendment to the Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the limited liability company is SCG Atlas St. Andrews, L.L.C. (the "Company").

SECOND: The First Article of the Certificate of Formation of the Company shall be deleted in its entirety and amended to read as follows:

FIRST: The name of the limited liability company is Mainstay Coconut Creek LLC (the "Company").

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to the Certificate of Formation on this 27th day of July, 2022.

By: /s/ Keri Grant
Name: Keri Grant
Title: Authorized Person