

8/4/22, 9:44 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M14 000000284

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000263243 3)))



H2200026324333ABCY

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 : 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
 MAINSTAY COCONUT CREEK LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

2022 AUG - 4 AM 10:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 AUG - 4 AM 10:38

APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 05 2022
 K. Brumby

DocuSign Envelope ID: 342BAB8B-A375-4625-847F-BB1F9EE684E2

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: Mainstay Coconut Creek I.L.C.

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 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: _____
(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: _____

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 AUG -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DocuSign Envelope ID: 342BAB88-A375-4625-847F-6B1F9EE6B4E2

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)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|--|--|--|
| Member/Manager | SCG Atlas St. Andrews Holdings, L.L.C. | 591 West Putnam Avenue | <input type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input checked="" type="checkbox"/> Remove |
| AMBR | James Kane | 591 West Putnam Avenue | <input type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input checked="" type="checkbox"/> Remove |
| AMBR | Paul Ahls | 591 West Putnam Avenue | <input type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input checked="" type="checkbox"/> Remove |
| AMBR | Brian Soss | 591 West Putnam Avenue | <input type="checkbox"/> Add |
| | | Greenwich, CT 06830 | <input checked="" type="checkbox"/> Remove |
| Authorized Person | Jacob Berger | 125 High Street, 27th Flor, High St. Tower | <input checked="" type="checkbox"/> Add |
| | | Boston, MA 02110 | <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.

Jacob Berger
148532767-2467
 Signature of the authorized representative

Jacob Berger

 Typed or printed name of signee

Filing Fee: \$25.00

DocuSign Envelope ID: 342BAB88-A375-4825-847F-BB1F9EE5B4E2

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|-----------------|--|-----------------------|
| Authorized Person | Hisham Kader | 125 High Street, 27 th Floor High Street Tower Boston, MA 02110 | Add |
| Authorized Person | Jason M. Sweatt | 125 High Street, 27 th Floor High Street Tower Boston, MA 02110 | Add |
| Authorized Person | Gregory E. Haas | 125 High Street, 27 th Floor High Street Tower Boston, MA 02110 | Add |