

Division of Corporations

**M16 000000 309**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H16000307543 3))



H160003075433ABC5

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 : BROAD AND CASSEL (BOCA RATON)  
Account Number : 076376001555  
Phone : (561)483-7000  
Fax Number : (561)483-7321

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 16 AM 10:01

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

Email Address: JKANE@STARWOOD.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SCG ATLAS HAMMOCKS PLACE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 19 2016

S. YOUNG

RECEIVED  
2016 DEC 16 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO. H16000307543 3

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 HAMMOCKS PLACE, L.L.C.

Enter new principal office address, if applicable: 591 WEST PUTNAM AVENUE GREENWICH, CT 06830 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 591 WEST PUTNAM AVENUE GREENWICH, CT 06830 (Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000000309

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

City, Florida 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

16 DEC 16 AM 10:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAX AUDIT NO. H16000307543 3

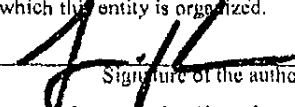
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
<u>MBR</u>	<u>EQR-BRETON HAMMOCKS FINANCING LIMITED PARTNERSHIP</u>	<u>Two North Riverside Plaza, Suite 400</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60606</u>	<input checked="" type="checkbox"/> Remove
<u>Authorized Representative</u>	<u>James Kane</u>	<u>400 Galleria Parkway, Suite 1450</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30339</u>	<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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 16 DEC 16 AM 10:01

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, Authorized Representative**  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00