

Mile 0000000318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

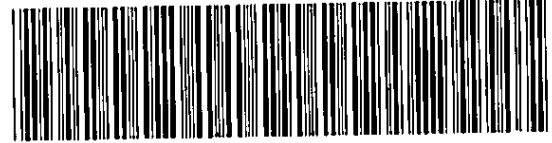
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
OCT 15 2024

Office Use Only



100436605041

FILED
2024 OCT 11 PM 3:51

RECEIVED

2024 OCT 11 PM 3:57

RECEIVED

FILED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/11/24
Order #: 1644512-2
Re: Sabal Pointe LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sabal Pointe 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: Sabal Pointe LLC

Enter new principal office address, if applicable: 127 Public Square, Suite 2400

(Principal office address
MUST BE A STREET ADDRESS) Cleveland, Ohio 44114

Enter new mailing address, if applicable: 127 Public Square, Suite 2400

(Mailing address
MAY BE A POST OFFICE BOX) Cleveland, Ohio 44114

2. The Florida document number of this limited liability company is: M16000000318

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/12/2016

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: Corporation Service Company

New Registered Office Address: 120 Hays Street

Enter Florida Street Address

Tallahassee

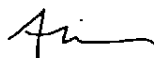
Florida 32301

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:

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	SCG Atlas Sabal Pointe Holdings, L.L.C.	591 West Putnam Avenue	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
Member	Sabal Pointe Holdings LLC	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44114	<input type="checkbox"/> Remove
O	Susan O'Brien	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44114	<input type="checkbox"/> Remove
O	Thomas Patrick	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44114	<input type="checkbox"/> Remove
O	Linda Early	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44114	<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.

Susan O'Brien
Signature of the authorized representative

Susan O'Brien

Typed or printed name of signee

Filing Fee: \$25.00

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>
AMBR	AHLS, PAUL	L.L.C. 591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	SOSS, BRIAN	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	PANZA, ANDRES	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	POST,STEVEN	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	RUMMELL, HARRY	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" 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.

Susan O'Brien
Signature of the authorized representative

Susan O'Brien

Typed or printed name of signee

Filing Fee: \$25.00

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>
AUTHORIZED SIGNATORY	JACKSON, KELLIE	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AUTHORIZED SIGNATORY	O'DELL, LORIE	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AUTHORIZED SIGNATORY	HUNDLEY, RACHELLE	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AUTHORIZED SIGNATORY	JONES, NELDA	591 West Putnam Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" 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.

Susan O'Brien
Signature of the authorized representative

Susan O'Brien

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-18768