M1600000597

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DATE:

8/5/20

NAME:

BLUEROAD NETLEASE LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE attage

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)

 Name of limited liability Company as it appears 	on the records of the Florida D	epartment of	
State: BLUEROAD NET LEASE, LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address		()	2
MAY BE A POST OFFICE BOX)			ZUZU AUG
		** []	AUC
2. The Florida document number of this limited liab	bility company is: M16000000	587	5
3. Jurisdiction of its organization: DELAWARE		50 m Fn - 1 m en	AH 8:
4. Date authorized to do business in Florida: 1/22/	2016	### ### ### ### ### ### ### ### ### ##	: 22
SECTION II (5-9 complete only the applicable c	hanges)		
5. New name of the limited liability company: RIG	CHPORT NET LEASE, LLC		
(must	contain "Limited Liability Con	npany, " "L.L.C.," or "LLC."	')
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C. 6. If amending the registered agent and/or registered agent and/or the new registered office ad	aging members adopting the all " or "LLC.") d officer address on our records	ternate name. The alternate na	a ame
Name of New Registered Agent:	44400 11010.		
New Registered Office Address:	Enter Florida	Street Address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Reg	pistered Agent		
hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of this	t and agree to act in this capac and complete performance of m tred agent as provided for in Ch in the registered office address,	y duties, and I am familiar wi. Iapter 605. F.S. Or. if this	ith

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	Name	<u>Address</u>	Type of Action
			DAdd
			□Remo
			□Add
			□Remo
			Add AUG
			S AM & 22
			□Remo
			DAdd
aforementioned ar	ficate, if required: no more than 90 da nendment(s), duly authenticated by th the law of which this entity is organiz	e official having custody of records in the	□Remo

Filing Fee: \$25.00

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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 "BLUEROAD NET LEASE, LLC", CHANGING ITS NAME FROM "BLUEROAD NET LEASE, LLC" TO "RICHPORT NET LEASE, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2020, AT 1:05 O'CLOCK P.M.



5882897 8100 SR# 20205962619 Authentication: 203197066

Date: 06-29-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:05 PM 06/29/2020
FILED 01:05 PM 06/29/2020
SR 20205962619 - File Number 588289;

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

COEROAD NE	T LEASE, LLC	
he Certificate o	f Formation of the limited	iability company is hereby an
follows:	•	
ame of Limited Us	ollity Company: RICHPORT NE	LEASE, LLC
		,
<u> </u>		
WITNESS W	HEREOF, the undersigned	have executed this Certificat
e <u>25</u>	day of June	
	Ву:	Sim Regnin
		Authorized Person(s)
	Name: G	NA REGNIER
	Name: G	
	Name: O	Print or Typ