

M1600000280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

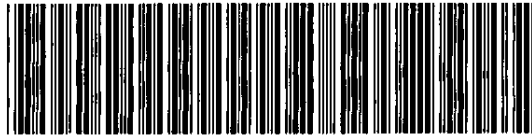
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 15 2017  
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TALLAHASSEE, FLORIDA  
17 MAY 12 AM 8:26

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17 MAY 12 PM 3:06

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312**

**850-656-4724**

**850-508-1891 (cell)**

Date: 5/12/17  
ACCT. I2016000072

*eric DW*

Name:	FS3 Building B LLC
Document #:	
Order #:	10486355

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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Thank you!

**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: FS3 BUILDING 8 LLC

Enter new principal office address, if applicable: c/o AEW, 2 Seaport Lane, 15th Floor

(Principal office address) Boston, MA 02210  
**MUST BE A STREET ADDRESS**

Enter new mailing address, if applicable: c/o AEW, 2 Seaport Lane, 15th Floor

(Mailing address) Boston, MA 02210  
**MAY BE A POST OFFICE BOX**

2. The Florida document number of this limited liability company is: M16000002802

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/05/2016

**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: CT Corporation System

New Registered Office Address: 1200 S. Pine Island Rd #250

*Enter Florida Street Address*

Plantation, Florida 33324  
*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, hereby confirm that the limited liability company has been notified in writing of this change.*

*LAUREN KREAT*  
*VP PRESIDENT*  
\_\_\_\_\_  
If Changing/Registered Agent, Signature of New Registered Agent

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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)(e), indicate that change:

See attachment A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	SIGNORELLO, VINCENT	2855 LEJEUNE ROAD, 4TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
VP	MARCUS, DANIEL	2855 LEJEUNE ROAD, 4TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
VPS	COBB, KOLLEEN	2855 LEJEUNE ROAD, 4TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
AS	GODOY, JUAN (RUSTY)	2855 LEJEUNE ROAD, 4TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
VP	MARTINEZ, MARGARITA M	2855 LEJEUNE ROAD, 4TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove

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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 J. Finnegan**

Typed or printed name of signee

Filing Fee: \$25.00

Attachment A

Remove:

Snyder, Marshall Bruce

2855 LE JEUNE RD 4TH FLOOR  
CORAL GABLES, FL 33134

(Listed as a VP)

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