M16000002848

| (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: |
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Office Use Only



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2016 MAY 20 A 9 56
SECRETARY OF STATE
AND AHASSEE, FLORIDA

TEO

DEPARTMENT OF STATE

MAY 2 3 2015 D. BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

· id , ,

| Filone. 630-336-1300 | | | |
|--|-----------------|--------------|-----|
| ACCOUNT NO. : I2000000195 | | | |
| REFERENCE : 147133 7483879 | | - | |
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| Sometime | | | |
| COST LIMIT : (\$7.25,00 | | - | - |
| ORDER DATE: May 18, 2016 | | | |
| ORDER TIME : 9:44 AM | ĬZ.o | ~ ≥. | |
| ORDER NO. : 147133-010 | ECR A | 7NH 9102 | • |
| CUSTOMER NO: 7483879 | HASS | AY 20 | |
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| FOREIGN FILINGS | 7.51A | <u>م</u> | |
| | DA. | 45 | |
| NAME: A3 OFFICE DEVELOPMENT, LLC | | | |
| | | | |
| CORPORATE LIMITED PARTNERSHIP | | | |
| XX LIMITED LIABILITY COMPANY | | | |
| XXXX AMENDMENT | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | |
| CERTIFIED COPY | | | |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | |
| CONTACT PERSON: Courtney Williams EXT# 62935 | | | |

EXAMINER:

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 1. On the control of | ent of |
|---|------------------------------------|
| State: A3 Office Development, LLC | |
| Enter new principal office address, if applicable: | AND DO GO. WILLIAM ST. 11 11 12 15 |
| (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: M1600000284 | 8 |
| 3. Jurisdiction of its organization: Delaware | |
| 4. Date authorized to do business in Florida: April 6, 2016 | |
| SECTION II (5-9 complete only the applicable changes) | |
| 5. New name of the limited liability company: A3 Office Holdings, LLC (must contain "Limited Liability Company, | ##LLC.SS.65. LPG.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting busines copy of the written consent of the managers or managing members adopting the alternate must contain "Limited Liability Company," "L.L.C." or "LLC.") | s in Florida and attach a |
| 6. If amending the registered agent and/or registered officer address on our records, enter registered agent and/or the new registered office address here: | the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida Stree | a Address |
| , F | lorida |
| 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.

| 3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | | |
|---|---|--|--------------------|--|--|
| le/ Capacity | <u>Name</u> | Address | Type of Action | | |
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Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "A3 OFFICE DEVELOPMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "A3 OFFICE HOLDINGS, LLC" ON THE EIGHTEENTH DAY OF MAY, A.D. 2016, AT 6:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202353511

Date: 05-20-16

6007633 8320 SR# 20163482377