

M1600004466

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.

((H16000163093 3)))



H160001630933ABC\$

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) 617-6353

From:

Account Name : LOWNESS, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 372720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

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

Email Address: _____

2016 JUL -6 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FOUNDRY PRINCETON OWNER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 07 2016
J. BRUCE

**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: FOUNDRY PRINCETON OWNER, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

420 SOUTH ORANGE AVENUE, SUITE 950
ORLANDO, FL 32801

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: M16000004466

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/03/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

Florida

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:

Title/Capacity	Name	Address	Type of Action
PRESIDENT	Pryse R. Elam	420 S. ORANGE AVENUE, #950 ORLANDO, FLORIDA 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
VICE PRESIDENT	Paul B. Ellis	420 S. ORANGE AVENUE, #950 ORLANDO, FLORIDA 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
VICE PRESIDENT	Scott Renaud	420 S. ORANGE AVENUE, #950 ORLANDO, FLORIDA 32801	<input checked="" type="checkbox"/> Add
			<input 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.

Signature of the authorized representative

Joaquin E. Martinez

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2016 JUL - 22
AUG 22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE