

2/15/2017



Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000044782 3)))



H170000447823ABCO

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)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 17 AM 8:40

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DRIVE SHACK ORLANDO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2017 FEB 17 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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: Drive Shack Orlando LLC

Enter new principal office address, if applicable: _____

(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: M16000005025

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/22/2016

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: _____

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 17 AM 8:40

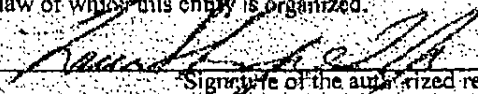
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Changing the Authorized Signatories

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Justine Cheng	1345 Avenue of the Americas	<input type="checkbox"/> Add
		New York, NY 10105	<input checked="" type="checkbox"/> Remove
Authorized Person	Sarah L. Watterson	1345 Avenue of the Americas	<input checked="" type="checkbox"/> Add
		New York, NY 10105	<input type="checkbox"/> Remove
Authorized Person	Lawrence A. Goodfield, Jr.	1345 Avenue of the Americas	<input checked="" type="checkbox"/> Add
		New York, NY 10105	<input type="checkbox"/> Remove
Authorized Person	Sara A. Yakin	1345 Avenue of the Americas	<input checked="" type="checkbox"/> Add
		New York, NY 10105	<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

Lawrence A. Goodfield, Jr., Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00

850-617-6381

2/17/2017 9:36:55 AM PAGE 1/001 Fax Server



February 17, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DRIVE SHACK ORLANDO LLC
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105US

SUBJECT: DRIVE SHACK ORLANDO LLC
REF: M16000005025

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000044782
Letter Number: 617A00003165

17 FEB 17 PM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 FEB 17 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA