

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M160003003496

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.

(((H16000300349 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAUTIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

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

Email Address: sfox@bainbridgere.com

RECEIVED
2016 DEC -8 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 DEC -8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAB 930 CENTRAL FLATS OWNER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

D. SCOTT

DEC 9 2016

Electronic Filing Menu

Corporate Filing Menu

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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: BAB 930 Central Flats Owner 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: M16000005396

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 6, 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

City, Florida

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:

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16 DEC -8
SECRETARY OF
TALLAHASSEE
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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:

Title/ Capacity	Name	Address	Type of Action
VP	Thomas Keady	12765 W. Forest Hill Blvd., Suite 1307	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
VP	Robert Gaherty	12765 W. Forest Hill Blvd., Suite 1307	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input 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

Heather Irving, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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