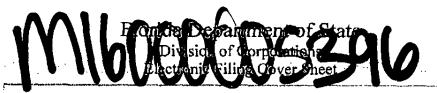
Division of Corporations

Page 1 of 2



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.

(((H160003003493)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

& GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374

No. 15 (407) 418-2435

+ (407) 420-5909

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

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

Certificate of Status	0
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Page Count	02
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## (((H16000300349:3))) 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)

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:  (Malling address  MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M1600005396
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 office address here:
Name of New Registered Agent:
Name of New Registered Agent:  New Registered Office Address:  Enter Florida Street Address  Florida  City  Tip Code  Tip Code
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 witho 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.

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Title/ Capacity	Name	<u> </u>	Ivpe of Ac
VP	Thomas Keady	12765 W. Forest Hill Blvd., Suite 130	7 Nodel
	,	Wellington, FL 33414	Ren
VP	Robert Gaherty	12765 W. Forest Hill Blvd., Suite 130	7 
		Wellington, FL 33414	Ren
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			Rem
***************************************	**************************************		Add
			Remo
			温温-8
aforemention	certificate, if required no more than seed amendment(s), duly authenticated under the law of which this entity is on	by the official having custody of records in the	Rem