# M 1600000 6140

| (Req                      | juestor's Name)  |                  |
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| (Add                      | ress)            | <del></del>      |
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| (City                     | /State/Zip/Phone | <del>= #</del> ) |
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| PICK-UP                   | MAIT             | MAIL             |
|                           |                  |                  |
| (Bus                      | iness Entity Nал | ne)              |
| (543                      | moss Emily Han   | <i>(C)</i>       |
| /D                        |                  |                  |
| (Doc                      | ument Number)    |                  |
| _                         |                  |                  |
| Certified Copies          | Certificates     | of Status        |
|                           |                  |                  |
| Special Instructions to F | iling Officer:   |                  |
|                           |                  |                  |
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Office Use Only



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JAN 1 9 2022 D COMMELL

LLC

NIC

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 379857, 4304394

/X 1

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: January 14, 2022

ORDER TIME : 11:06 AM

ORDER NO. : 379857-020

CUSTOMER NO: 4304394

#### <u>FOREIGN\_FILINGS</u>

NAME: US SFE ASSET COMPANY 5, 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: Eyliena Baker -- EXT#

## **COVER LETTER**

| _  |           | Section<br>Corporations  |                        |   |   |
|--|-----------|--|------------------------|---|---|
| SUBJECT:   | US SF     | E Asset Company 5, LLC   |                        |   |   |
| Se <b>B</b> oBe II   |           | Name of Foreig   | gn Limited Li          | ability Co  | mpany   |
| Dear Sir or l  | Madam:    |  |                        |   |   |
| The enclosed   | d applic  | ation, certificate and fee(s)  | ) are submitte         | d for filin   | g.  |
| Please return  | ı all cor | respondence concerning th  | is matter to th        | ne followi  | ng:   |
| Mary Grace   | De Asis   |  |                        |   |   |
|  |           | Name of Person   |                        | _   |   |
| Mayer Brow   | n LLP     |  |                        |   |   |
|  |           | Firm/Company   |                        |   |   |
| 71 South Wa  | acker Dr  | ive  |                        |   |   |
|  |           | Address  |                        |   |   |
| Chicago, IL  | 60606     |  |                        |   |   |
|  |           | City/State and Zip Cod   | le                     |   |   |
| mdeasis@m  | ayerbro   | wn.com   |                        |   |   |
| E-mail ad  | dress: (t | o be used for future annua   | l report notifi        | cation)   |   |
| For further i  | nformat   | ion concerning this matter   | , please call:         |   |   |
| Mary Grace   | De Asis   |  | 312<br>at (            | 701-8   | 3867  |
|  | Nam       | e of Person  |                        | de & Day  | time Telephone Number                                       |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |           | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 |                        | ration Section<br>on of Corporations<br>entre of Tallahassee<br>I. Monroe Street, Suite 810 |   |
|  |           | a check for the following  |                        |   |   |
| ⊔\$25 Filing   | Fee       | ☐ \$30 Filing Fee & Certificate of Status  | S55 Filin<br>Certified | -   | ☐ \$60 Filing Fee.  Certificate of Status &  Certified Copy |

### 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 appear   | s on the records of the l                | Florida Department of                            |                            |                     |
|--|--|--|----------------------------|---------------------|
| State: US SFE Asset Company 5, LLC   |  | <del></del>                                      |                            |                     |
| Enter new principal office address, if applicable:   |  |  |                            |                     |
| ( <u>Principal office address</u><br>MUST BE A STREET ADDRESS)   |  |  |                            | <del></del>         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |  | SECRE AS                   | 2022 JAN 18         |
| 2. The Florida document number of this limited lia   | bility company is: M                     | 16000006140                                      | 1.5                        | PH   1: 21          |
| 3. Jurisdiction of its organization: Delaware  |  |  | ર્ચેટ<br>©~                | : 21                |
| 4. Date authorized to do business in Florida: 08/0   | 2/2016                                   |  |                            |                     |
| SECTION II (5-9 complete only the applicable of the limited liability company: Branch (must  |  | ility Company, " "L.L.                           | C.," or "L                 | <u>.LC.</u> ")      |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company." "L.L.C | naging members adopti                    | sacting business in Flooning the alternate name. | rida and at<br>The alterna | itach a<br>ate name |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ac  | ed officer address on ou<br>idress here: | r records, enter the nan                         | ne of the n                | <u>iew</u>          |
| Name of New Registered Agent:  |  | ····   |                            |                     |
| New Registered Office Address:   |  |  |                            |                     |
|  | Ente                                     | r Florida Street Addres                          | S                          |                     |
|  | Citv                                     | , Florida _                                      | Zip Code                   |                     |
|  | Cny                                      |  | гір Соав                   | <i>:</i>            |

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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: |                                      |  |                |  |  |
|--|--------------------------------------|--|----------------|--|--|
| itle/ Capacity   | Name                                 | Address                                      | Type of Action |  |  |
| <del></del>  |                                      |  | DAđd           |  |  |
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|  |                                      |  | □Remo          |  |  |
|  |                                      |  | □Add           |  |  |
| aforementioned am  | ne law of which this entity is organ | the official having custody of records in th | □Remo<br>e     |  |  |

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 "US SFE ASSET COMPANY

5, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "BAF

ASSETS 4, LLC" ON THE TWELFTH DAY OF JANUARY, A.D. 2022, AT

11:49 O'CLOCK A.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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAF ASSETS 4, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2016.



Authentication: 202407349

Date: 01-14-22