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HUNTON & WILLIAMS LLP 1111 BRICKELL AVENUE SUITE 2500 MIAMI, FLORIDA 33131-1802

TEI. 305-810-2500 FAX 305-810-2460

TO

FAX:

18506176383

FROM

NAME:

Maria Lopez Martinez

RECIPIENT: EC Palm Ridge II LLC (Document Number M16000007139)

Good afternoon,

Attached please find the Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for EC Palm Ridge II LLC (Document Number M16000007139) to be filed with the Florida Department of State.

Please contact us at (305) 536 2705 with any questions or comments.

Thank you so much,

Maria Laura Lopez

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(((H17000123222 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)

State: EC PALM RIDG		on the records of the Florida Department of	_		
Enter new principal office address	s, if applicable:	1456 Periwinkle Way			
(Principal office address		Suite B Box 293	_		
MUST BE A STREET ADDRES.	<u>s</u>)	Sanibel, FL 33957	_		
Enter new mailing address, if appl	icable:	1456 Periwinkle Way	_		
(Mailing address MAY BE A POST OFFICE BOX)	Suite B Box 293	_		
	•	Sanibel, FL 33957	-		.Fitz
2. The Florida document number of	of this limited lia	oility company is: M16000007139	_		
3. Jurisdiction of its organization:	Commonw	ealth of Virginia	_		
4. Date authorized to do business	in Florida: 09/	07/2016	17 M		
SECTION II (5-9 complete only		- in the state of		,	
5. New name of the limited liability	ty company: N	/A Φ	#~ 50		
	(must	contain "Limited Liability Company, " "L.L.C.," or "L.L.C.		i magi . Tu	
	managers or man	for the purpose of transacting business in Florida and attach aging members adopting the alternate name. The alternate a " or "LLC.")			
6. If amending the registered agen- registered agent and/or the new re-	t and/or registered	d officer address on our records, enter the name of the new dress here:			
Name of New Registered Agent:	N/A		_		
New Registered Office Address:	N/A	×.	-		
		Enter Florida Street Address			it.e.
		, Florida	-		
the provisions of all statutes relati and accept the obligations of my p	s registered agen ve to the proper of osition as registe reflect a change i	a and agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am familiar w wred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the lin	vith		

**1*2

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MGR	SZYMANCZYK, KYLE A.	1456 Perlwinkle Way, Sullo B Box 293, Sa	inibel, FL 33957
			Remove
MGR	SZYMANCZYK, PETER J.	1456 Periwinkle Way, Sulle B Box 293, Sa	nibel, FL 33957
			☐ Remove
		<u> </u>	
			Remove
			Remove
		<u> </u>	Add
aforemention	a certificate, if required: no more than 90 and amendment(6), duly authenticated bunder the law of which this entity is organized.	y the Phicial having custody of record	Remove