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Office Use Only



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2019 JAN 28 P 8:57

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CUSTOMER NO: 7495878

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 602869 7495878

AUTHORIZATION : Trubble no. 555

COST LIMIT : \$ 30.00

ORDER DATE : January 25, 2019

ORDER TIME : 10:34 AM

ORDER NO. : 602869-015

FOREIGN FILINGS

NAME: BR CARROLL ST. LUCIE, LLC

| CORPORATE | |
|--|--|
| LIMITED PARTNERSHIP | |
| XX LIMITED LIABILITY COMPANY | |
| XXXX AMENDMENT | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Roxanne Turner EXT# 62969 | |

EXAMINER:

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 | s on the records of the Florida De | epartment of |
|---|---|--|
| State: BR Carroll St. Lucie, LLC | | |
| Enter new principal office address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | 7.1. 27.1. |
| Enter new mailing address, if applicable: | | |
| (Mailing address | | 3677 22 V |
| MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | <u> </u> |
| 2. The Florida document number of this limited lia | bility company is: M160000 | 107927 - 1975 - 5 |
| 3. Jurisdiction of its organization: Delaware | | , |
| 4. Date authorized to do business in Florida: 10/ | 4/2016 | |
| SECTION 11 (5-9 complete only the applicable of | | |
| 5. New name of the limited liability company: B | R St. Lucie, LLC | |
| (musi | t contain "Limited Liability Com | pany, ""L.L.C.," or "LLC.") |
| (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 adopting the alte | |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ac | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida | Street Address |
| <u> </u> | | , Florida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the | nt and agree to act in this capaci and complete performance of my ered agent as provided for in Ch in the registered office address, | w duties, and I am familiar with apter 605, F.S. Or, if this |

| If the amendment cl | nanges person, title or capacity in accor | rdance with 605.0902 (1)(e), ind | icate that change: |
|---------------------|---|----------------------------------|--------------------|
| tle/ Capacity | <u>Name</u> | Address | Type of Acti |
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| | cate, if required: no more than 90 day | | Remo |
| | endment(s), duly authenticated by the ne law of which this entity is organized | | ds in the |
| | /s/ Christopher Vohs | | |

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF 'BR CARROLL ST. LUCIE, Z

LLC', CHANGING ITS NAME FROM "BR CARROLL ST. LUCIE, LLC" TO "BRCD

ST. LUCIE, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY

OF JANUARY, A.D. 2019, AT 2:29 O'CLOCK P.M.



Authentication: 202145119

Date: 01-25-19

6133615 8100 SR# 20190501961

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:29 PM 01/25/2019
FILED 02:29 PM 01/25/2019
SR 20190501961 - File Number 6133615

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

| s follo | vs: | |
|---------|--|--|
| | : The name of the limite . Lucie, LLC | ed liability company is |
| | | |
| N WIT | u | ed have executed this Certificate of A.D. 2018 |
| | By: /s/ C | Christopher Vohs |
| | | Authorized Person(s) |
| | | Christopher Vohs |
| | Name: (| , , , , , , , , , , , , , , , , , , , |
| | Name: C | Pπnt or Type ≥ ≒ |
| | Name: <u>C</u> | Print or Type No. |
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