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12/13/2016

2016-12-11 11:33:49 CST

12122023573 From: Kimberly Loughrey

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARKWAY ONE CAPITAL MANAGER, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 13 2016

Y SULKER

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: Parkway One Capital Manager, LLC

Enter new principal office address, if applicable: 191 Peachtree Street, Suite 500

(Principal office address
MUST BE A STREET ADDRESS)

Atlanta, GA 30303

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

191 Peachtree Street, Suite 500

Atlanta, GA 30303

2. The Florida document number of this limited liability company is: M16000008030

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/06/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Cousins One Capital Manager, LLC
(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 603, 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.

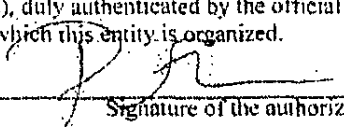
If Changing Registered Agent, Signature of New Registered Agent

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:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-----------------------|----------------------------------|--|
| VPSC | HOLMES-KIDD, NONI | 390 N. ORANGE AVENUE, SUITE 2400 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Remove |
| MGRM | Cousins Properties LP | 191 Peachtree Street, Suite 500 | <input checked="" type="checkbox"/> Add |
| | | Atlanta, GA 30303 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <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

Pamela F. Roper

Typed or printed name of signee

Filing Fee: \$25.00

16 DEC 12 AM 9:42
CLERK OF COURT
STATE OF FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PARKWAY ONE CAPITAL
MANAGER, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "COUSINS ONE CAPITAL MANAGER, LLC" ON THE SEVENTH DAY OF
OCTOBER, A.D. 2016, AT 10:48 O'CLOCK A.M.



3783084 8320
SR# 20167015554

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203489856
Date: 12-12-16