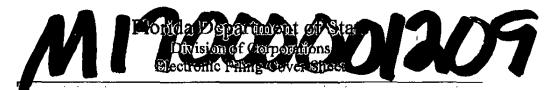
Division of Corporations

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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: VCORP SERVICES, LLC Account Name

Account Number : I20080000067

; (845)425-0077 Phone : (845)818-3588 Fax Number

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

| Email | Address | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMPUS CLUB LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS Helm MAR 0 7 2017

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: CAMPUS CLUB LLC |
| 2. The Florida document number of this limited liability company is: M17000001209 |
| 3. Jurisdiction of its organization: DE |
| 4. Date authorized to do business in Florida: 02/10/2017 |
| 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 of 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 office 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 Ptorida Street Address |
| City Florida |
| 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 Changing Registered Agent, Signature of New Registered Agent |
| 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: |
| 7. If the attendition changes the jurisdiction of digantzation, indicate now jurisdiction. |
| 7. If the alliendiffence changes the jurisdiction of diganization, indicate now jurisdiction. |

| 3. | 3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate t | hat change |
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| Title/ Capacity | Name | Address | Type of Action |
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| aforementic | a certificate, if required: no more that oned amendment(s), duly authenticate under the law of which this entity is | d by the official having custody of re | _ |
| | gaga cotto | | |
| | Signature of the | authorized representative | |
| | Taylor Lolya | | |
| | Typed or printed | name of simee | |

Filing Fee: \$25.00