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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone 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 ST. PETE SMI, LLC

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SEP 19 2019

M. SOLOMON

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 appear | s on the records of the Florida | Department of | |
|--|---|---|--|
| State: St. Pete SMI, LLC | | | |
| Enter new principal office address, if applicable: | 2 North Riverside Plaza | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 800 | | |
| | Chicago, Illinois 60606 | | |
| Enter new mailing address, if applicable: | 2 North Riverside Plaza | ž. <u>e</u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 800 | · · · | |
| | Chicago, Illinois 60606 | = | |
| 2. The Florida document number of this limited lie | ability company is: M17000002 | 134 | |
| Jurisdiction of its organization: Delaware Date authorized to do business in Florida: 3/14 | 1/2017 | | |
| · | tHC St. Pete, LLC st contain "Limited Linbility Co | mpany, " "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. | inaviny members adopulle uses | business in Florida and attach a diternate name. The alternate name | |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | iddress here: | is, enter the name of the new | |
| Name of New Registered Agent: C T Corporation | on System | | |
| New Registered Office Address: 1200 South Pin | | da Street Address | |
| Pk | | , Florida 33324 Zip Code | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as registacement is being filed to merely reflect a change liability company has been notified in writing of the company has been notified in writing the company has been notified in th | ent and agree to act in this cap r and complete performance of stered agent as provided for in e in the registered office addres this change. | Chapter 605, F.S. Or, if this is, I hereby confirm that the limited | |
| Step | Stance Noncy St Changing Registered Agent, Si | ephanie <u>Hencz, Assi</u> stant Secreta <u>mature of New Registered Agent</u> | |

| Title/ Capacity | Name | Address | Type of Action |
|-----------------|---------------------------------------|--|----------------|
| President | John D Powers, Jr. | 17330 Preston Road, Suite 220A | Add |
| | | Dallas, TX 75252 | ∑ Rænove |
| VPS | Bryan C Redmond | 17330 Preston Road, Suite 220A | Add |
| | | Dallas, TX 75252 | X Remove |
| Manager | Chris Petty | 17330 Preston Road, Suite 220A | |
| | | Dallas, TX 75252 | ⊠ Remove |
| Manager | David Filler | 17330 Presion Road, Suite 220A | Add |
| | | Dallas, TX 75252 | |
| SVP | Paul (PJ) Huff | 2 North Riverside Plaza, Suite 800 | <u></u> X Add |
| | | Chicago, II. 60606 | Remove |
| aforementi | under the law of which this entity is | ed by the official having custody of records in organized. | the |
| | Jana Han | dibooli | |
| | Sara Handibode | · | |

4

| | ON SEP | |
|---|--------------------|---------------------------------------|
| Address | Type of Action - G | • • • • • • • • • • • • • • • • • • • |
| vo North Riverside Plaza ite 800 icago, H. 60606 | #Add F. | ` |
| vo North Riverside Plaza ite 800 neago, 11, 60606 | Add | |
| vo North Riverside Plaza ite 800 iicago, IL 60606 | Add | |
| vo North Riverside Plaza ite 800 | Add | |

| No. | Title/Capacity | Name | Address | Týpe of Action -o |
|-----|-------------------------------------|----------------------|--|-------------------|
| 1. | EVP. General Counsel, and Secretary | David Eldersveld | Two North Riverside Plaza Suite 800 Chicago, H. 60606 | PAdd ₹ |
| 2. | VP | Walter Jaccard | Two North Riverside Plaza Suite 800 Chicago, 11, 60606 | Add |
| 3. | EVP, CFO and Treasurer | Paul Scavey | Two North Riverside Plaza Suite 800 Chicago, H. 60606 | Add |
| 4. | CEO. President | Marguerite Nader | Two North Riverside Plaza Suite 800 Chicago, II, 60606 | Add |
| 5. | SVP | George Gudgeon | Two North Riverside Plaza Suite 800 Chicago, 11, 60606 | Add |
| б. | SVP | Brett Hattel | Two North Riverside Plaza Suite 800 Chicago, IL 60606 | Add |
| 7. | VI. | Everrett Butler | Two North Riverside Plaza Suite 800 Chicago, IL 60606 | Add |
| 8. | VP | Jeffrey Scott Maupin | Two North Riverside Plaza Suite 800 Chicago, IL 60606 | Add |
| 9. | VP | Stanley Martin | Two North Riverside Plaza Suite 800 Chicago, IL 60606 | Add |
| 10. | VP | Lestie Register | Two North Riverside Plaza Suite 800 Chicago, IL 60606 | Add |



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 'ST. PETE SMI, LLC', CHANGING ITS NAME FROM "ST. PETE SMI, LLC" TO "MHC ST. PETE, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF SEPTEMBER, A.D. 2019, AT 8:25 O'CLOCK P.M.

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

6302490 8100 SR# 20196969155

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Date: 09-12-19