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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 : (954)208-0845 Fax Number

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

Address:		
	Address:	Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA ATLANTIC SMI HOLDING, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	06
Estimated Charge	\$55.00

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION	II (1-4 must be completed	1)	6
1. Name of limited liability Company as it appear	s on the records of the Flor	ida Department of	19 SEP 18 PH 2:50
State: Florida Atlantic SMI Holding, LLC			· 60
Enter new principal office address, if applicable:	2 North Riverside Plaza	· .	22
(Principal office address	Suite 800		72
MUST BE A STREET ADDRESS)	Chicago, Illinois 60606		00
Enter new mailing address, if applicable:	2 North Riverside Plaza		~
(Mailing address MAY BE A POST OFFICE BOX)	Suite 800		
	Chicago, Illinois 60606		
2. The Florida document number of this limited li	ability company is: M1700	0002231	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 3/1-	4/2017 		,
SECTION II (5-9 complete only the applicable	changes)		
A	AHC Florida Atlantic Holdin	g, LLC	
5. New name of the finited flagfifty company	st contain "Limited Liabilit	y Company, ""L.L.C.," or "LLC.	")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting	ting business in Florida and attach the alternate name. The alternate n	а яме
6. If amending the registered agent and/or registered agent and/or the new registered office a	iddress here;	ecords, enter the name of the new	
Name of New Registered Agent: C T Corporati	on System		•
New Registered Office Address: 1200 South Pin	c Island Road		_
Nog. System Charles	Enter Florida Street Address		
PL	antation	, Florida	<del>-</del>
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regis document is being filed to merely reflect a chang liability company has been notified in writing of	ent and agree to act in this r and complete performanc stered agent as provided for e in the registered office ad	e of my auties, and I am Jamiliar w r in Chapter 605, F.S. Or. if this	viin

3

Stephanie Hencz, Assistant Secretary If Changing Registered Agent, Signature of New Registered Agent

To:

17	2019-09-18 09 40 43 CST		16144554862 From James Ta	
7. If the amend	ment changes the jurisdiction of	organization, indicate new jurisdiction:	19 SEP /8 PH 2:	
	ment changes person, title or cap	acity in accordance with 605.0902 (1)(e), indicate o manage.	that change:	
Title/ Capacity	<u>N</u> am <u>ç</u>	Address	Type of Action	
President	John D Powers, Jr.	17330 Preston Road, Suite 220A		
		Dailas, TX 75252		
VPS	Bryan C Redinand	17330 Presion Road, Suite 220A	Add	
		Dallas, TX 75252	X Remove	
Manager	Chris Petty	17330 Preston Road, Suite 220A	Add	
		Dailas, TX 75252	Remove	
Manager	David Filler	17330 Preston Road, Suite 220A	Add	
		Dailas, TX 75252	⊠ Remove	
SVP	Paul (PJ) Huff	2 North Riverside Plaza, Suite 800	X Add	
		Chicago, 1L 60606	Remove	
aforementic	med amendment(s), duly authen under the law of which this ent	re than 90 days old, evidencing the sticated by the official having custody of records jty is organized.  Landbook grature of the authorized representative	in the	
	Sara Handibode			

Filing Fee: \$25.00

Typed or printed name of signce

19 5	EP 18 0
	PH
**/;	in the second se
	Type of

No.	Title/Capacity	Name	Address	Type of Action
1.	EVP, General Counsel, and Secretary	David Eldersveld	Two North Riverside Plaza Suite 800 Chicago, II, 60606	Add
2.	VP	Walter Jaccard	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
3.	EVP, CFO and Treasurer	Paul Seavey	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
4.	CEO, President	Marguerite Nader	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
5,	SVP	George Gudgeon	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
6.	SVP	Brett Hattel	Two North Riverside Plaza Suite 800 Chicago, IL 60606	∆dd
7.	VP	Everrett Butler	Two North Riverside Plaza Suite 800 Chicago, II, 60606	∆dd
8.	VP	Jeffrey Scott Maupin	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Adđ
9.	VP	Stanley Martin	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add
10.	VP	Leslie Register	Two North Riverside Plaza Suite 800 Chicago, IL 60606	Add

To:

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# 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 'FLORIDA ATLANTIC SMI HOLDING, LLC', CHANGING ITS NAME FROM "FLORIDA ATLANTIC SMI HOLDING, LLC" TO "MHC FLORIDA ATLANTIC HOLDING, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF SEPTEMBER, A.D. 2019, AT 8:19

19 SEP 18 PH 2: 50



6301934 8100 SR# 20196969153 Authentication: 203584346

Date: 09-12-19

19 SEP 18 PH 2:50

State of Delaware Secretary of State Division of Corporations Delivered 08:19 PM 09/10/2019 FILED 08:19 PM 09/10/2019 SR 20196969151 - FileNumber 6301934

## CERTIFICATE OF AMENDMENT

TO

## **CERTIFICATE OF FORMATION**

<u>OF</u>

### FLORIDA ATLANTIC SMI HOLDING, LLC

It is hereby certified pursuant to Section 18-202 of the Delaware Limited Liability Company Act that:

#### **FIRST**

The name of the limited liability company is Florida Atlantic SMI Holding, LLC (the "Company").

#### **SECOND**

Article First of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

"1. NAME: The name of the limited liability company is MHC Florida Atlantic Holding, LLC"

#### THIRD

Article Second and Third of the Certificate of Formation of the Company are hereby deleted in their entirety and amended to read in full as follows:

"2. REGISTERED OFFICE AND AGENT: The address of the registered office of the Company in the State of Delaware is located at 1209 Orange Street, Wilmington, Delaware 19801 and the name of the registered agent for the Company at such address is The Corporation Trust Company."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of this 10th day of September, 2019.

/s/ Sara Handibode

Sara Handibode, an Authorized Person