

M17000002238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

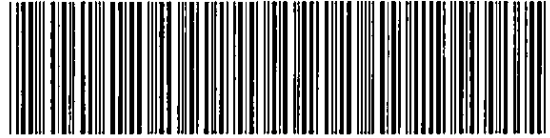
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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19 OCT 15 11:19:15

2019 OCT 15 10:11:25

OCT 17 2019

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 956443 7664206
AUTHORIZATION : *Spudde man*
COST LIMIT : \$ 25.00

ORDER DATE : October 11, 2019
ORDER TIME : 9:43 AM
ORDER NO. : 956443-010
CUSTOMER NO: 7664206

FOREIGN FILINGS

NAME: BPREP MEDLEY PALMS LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

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 on the records of the Florida Department of

State: BPREP MEDLEY PALMS LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000002238

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/16/2017

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 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

_____, Florida _____
City 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 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

2018 OCT 16 AM 11:20

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:

REFER TO SCHEDULE A FOR THE REST OF THE LIST.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>JAY CORNFORTH</u>	<u>Brookfield Place, 250 Vesey St., 15th Fl</u>	<input type="checkbox"/> Add
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		<u>New York, NY 10281-1023</u>	<input checked="" type="checkbox"/> Remove
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<u>MGR</u>	<u>LAURINDA MARTINS</u>	<u>Brookfield Place, 250 Vesey St., 15th Fl</u>	<input type="checkbox"/> Add
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		<u>New York, NY 10281-1023</u>	<input checked="" type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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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.

Jennifer Victor

Signature of the authorized representative

JENNIFER VICTOR

Typed or printed name of signee

Filing Fee: \$25.00

**AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

Schedule A

BPREP Medley Palms LLC

8 – Change of Officers (...Continued)

To be removed:

Name	Position	Address
Melissa Lang	Senior Vice President and Secretary	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023

Current Officers:

Sara Beugelmans	Senior Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
John Morgan	Senior Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
Graham Tingler	Senior Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
Jennifer Victor	Senior Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
Keith Edwards	Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
Sujoy Gupta	Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
Herbert Li	Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
Joonas Partanen	Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023
James Zysopoulos	Vice President	Brookfield Place 250 Vesey St., 15 th Floor New York, NY 10281-1023

2018 OCT 16 AM 11:29