

M17000002245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

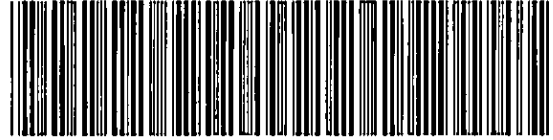
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000375397230

FILED

RECEIVED

2021 OCT 22 AM 9:16

2021 OCT 22 PM 3:32

CLERK OF STATE
TALLAHASSEE, FL
STATE OF FLORIDA

Y SULKER

OCT 25 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 159553 7966620

AUTHORIZATION :



COST LIMIT : \$25.00

ORDER DATE : October 22, 2021

ORDER TIME : 1:25 PM

ORDER NO. : 159553-015

CUSTOMER NO: 7966620

FOREIGN FILINGS

NAME: HOME SFR BORROWER II, 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: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME SFR BORROWER II, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legal Department

Name of Person

Progress Residential, LLC

Firm/Company

PO Box 4090

Address

Scottsdale, AZ 85261

City/State and Zip Code

legal@progressresidential.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Legal Department

at (480)

588-6121

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: HOME SFR BORROWER II, LLC

Enter new principal office address, if applicable: 7500 North Dobson Road, Suite 300

(Principal office address

MUST BE A STREET ADDRESS)

Scottsdale, AZ 85256

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

PO Box 4090

Scottsdale, AZ 85261

2. The Florida document number of this limited liability company is: M17000002245

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

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:

Removing old members and adding new authorized members, additional changes attached

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Lubin, Michael G.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Gray, Stephen H.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Lowe, Robin N.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Mason, Randall K.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Gurhan, Ercan	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" 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

Brian Buffington

Typed or printed name of signee

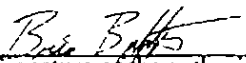
Filing Fee: \$25.00

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>
Member	Dittrich, Rene	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Adams, Miles	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Stallard, Jeff	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Authorize d Person	Brian Buffington	7500 N. Dobson Road, Ste 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<input type="checkbox"/> Remove
Authorize d Person	Travis Chester	7500 N. Dobson Road, Ste 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<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

Brian Buffington

Typed or printed name of signee

Filing Fee: \$25.00