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2018-12-06 13:35:51 CST

12122023573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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T. CLINE

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
1221 BRICKELL OWNER, L.L.C.

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$55.00).

T. CLINE
DEC - 7 2018
EXAMINER

2018 DEC -6 PM 2:44

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: 1221 Brickell Owner, L.L.C.

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: M17000002435

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 22, 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

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TALLAHASSEE, FLORIDA

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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)(c), indicate that change:

Adding Ron J. Hoyl Title: Vice President and Capacity: Authorized Person

Title/ Capacity	Name	Address	Type of Action
Vice President/ Authorized Person	Ron J. Hoyl	3953 Maple Avenue, Suite 300 Dallas, Texas 75219	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Person	RP 1221 Brickell Member, L.L.C.	3953 Maple Avenue, Suite 300 Dallas, Texas 75219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

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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

Signature of the authorized representative

Ron J. Hoyl, Vice President of 1221 Brickell Owner, L.L.C.

Typed or printed name of signee

Filing Fee: \$25.00