

MI70000269B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

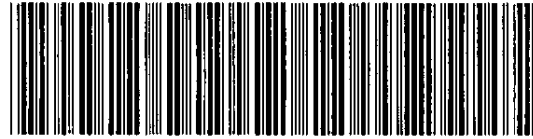
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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D. SCOTT
OCT 5 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10/4/17

ACCT. I20160000072

en: c 211

Name:	Orlando Leased Housing Associates IX (TIC-2), LLC
Document #:	
Order #:	10661335

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

<u>Filing:</u>	<u>Certified:</u>
	Plain:
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Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 55

Thank you!

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO LEASED HOUSING ASSOCIATES IX (TIC-2), 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:

John D. Nolde

Name of Person

Winthrop & Weinstine, P.A.

Firm/Company

225 South Sixth Street, Suite 3500

Address

Plymouth, MN 55441

City/State and Zip Code

dan.bolles@Dominiuminc.com

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

For further information concerning this matter, please call:

John D. Nolde

Name of Person

at (612) 604-6400

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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

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TALLAHASSEE
FLORIDA
STATE SECRETARY

**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: ORLANDO LEASED HOUSING ASSOCIATES IX (TIC-2), LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

2905 Northwest Blvd, Ste 150

Plymouth, MN 55441

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2905 Northwest Blvd, Ste 150

Plymouth, MN 55441

2. The Florida document number of this limited liability company is: M17000002698

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 03/29/2017

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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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>
CO-P	Armand E. Brachman	2905 Northwest Blvd, Ste 150	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55441	<input type="checkbox"/> Remove
CO-P	Paul R. Sween	2905 Northwest Blvd, Ste 150	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55441	<input type="checkbox"/> Remove
SVP	Mark S. Moorhouse	2905 Northwest Blvd, Ste 150	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55441	<input type="checkbox"/> Remove
P	Jeffrey R. Peterson	200 South Sixth Street, Ste 1300	<input type="checkbox"/> Add
		Minneapolis, MN 55402	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Mark S. Moorhouse

Typed or printed name of signee

Filing Fee: \$25.00

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