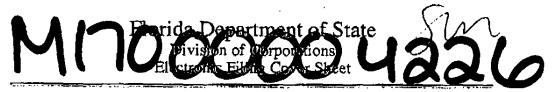
Division of Corporations

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	Fax Number : (850)617-6393	<u>m~</u>	
From:	•	-43 _{-4.5}	
	Account Name : CORPORATE CREATIONS INT	ernational_inc	တဲ့ 📜

Fax Number : (561)694-1639

**Enter the small address for this business entity to be used for future

: (561)694-8107

Account Number : 110432003053

Phone

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MREF I MANAGER, LLC

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Help

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 or	n the records of the Florida Department of	
State: MREF I Manager, LLC		
Enter new principal office address, if applicable:	4. '2'	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) ——		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		77.0
	N4700004000	THE STATE OF THE S
2. The Florida document number of this limited liabili	ty company is:	-38 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1
3. Jurisdiction of its organization: Delaware		F 4
4. Date authorized to do business in Florida: 05/17	7/2017	10.5
SECTION II (5-9 complete only the applicable cha		DA E
5. New name of the limited liability company: (must co	ntain "Limited Liability Company, ""L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ing members adopting the alternate name. The	and attach a alternate name
6. If amending the registered agent and/or registered or registered agent and/or the new registered office addresses.	fficer address on our records, <u>enter the name o</u>	of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	City Florida Zi	p Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this company.	nd agree to act in this capacity. I further agree I complete performance of my duties, and I am I agent as provided for in Chapter 605, F.S. O he registered office address, I herehy confirm	familiar with Pr. if this

If Changing Registered Agent, Signature of New Registered Agent

Attached is a certificate, if tequired: 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.	Ge/ Canacity		anged to read Authorize	· · · · · · · · · · · · · · · · · · ·
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Signature of the authorized representative	aforementioned an	endment(s), duly authenticated	by the official having custody of records	
Savannah Montalban, Attorney-in-Fact	<u>/</u>	Signature	of the authorized representative	338 0 At
- W / - / - / - / - / - / - / - / -	~~	Savannah Mont	alban, Attorney-in-Fact	
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