M1700005340

(Re	questor's Name)
(Add	dress)
(Add	dress)
·	,
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Dod	cument Number)
Certified Copies	Certificates of Status
Special Instructions to f	Filing Officer:
	J. HORNE UCT 19 2022
	UCF 19 2022

Office Use Only



800394053058

WECSELYST OF STA

2022 OCT 18 AH 9: 44

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RECEIVED 2022 OCT 18 PM 3: 30 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95
	REFERENCE	;		
	AUTHORIZATION	:	Synels &	exa
	COST LIMIT	:	\$ 25.00	Ada
ORDER DATE : C	october 18, 2022			
ORDER TIME :	2:10 PM			
ORDER NO. : 0	59554-085			
CUSTOMER NO:	7381795			
	FOREIGN FI	ILIN	<u>IGS</u>	
NAME :	SAND LAKE 2 AC	CQUI	SITION (GP)
	; ARTNERSHIP HABILITY COMPANY	Č.		
XXXX AMENDMENT				
PLEASE RETURN T	HE FOLLOWING AS	PRC	OF OF FILI	NG:
XX PLAIN S	ED COPY TAMPED COPY CATE OF GOOD STA	IDNA	ING	

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Sand Lake 2 Acquisition (GP) LLC				
		Name of Foreig	gn Limited Lia	ıbility Co	mpany
Dear Sir or N	Madam:				
The enclosed	d applie	ation, certificate and fee(s)	are submitted	l for filing	<u>.</u>
Please return	all con	respondence concerning th	is matter to th	e followi	ng:
Sally Liu					
		Name of Person			
Berkshire Re	esidentia	l Investments			
		Firm/Company		_	
One Beacon	Street,	24th Floor			
		Address			
Boston, MA	02108				
		City/State and Zip Cod	e		
SLiu@berksl				_	
E-mail add	dress: (t	o be used for future annua	l report notific	cation)	
For further in	nformat	ion concerning this matter,	please call:		
Sally Liu			617 at (556-8	142
	Nam	e of Person	_ \	le & Dayt	ime 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		
Encl □\$25 Filing CR2E055 (9/15)	Fee	a check for the following \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filing Certified	_	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACTIVE D **BUSINESS IN FLORIDA**

6.

2022 OCT 18 AM 9: 45

SECTION I (1-4 must be completed)

SECTION	§ 1 (1-4 must be completed)	SECRETARY OF CO
Name of limited liability Company as it appear	s on the records of the Florida Departn	SECRETARY OF CAMERON OF CALLAHASSEE, FL
State: Sand Lake 2 Acquisition (GP) LLC		
Enter new principal office address, if applicable:	Berkshire Residential Investments	
(Principal office address	One Beacon Street, 24th Floor	
MUST BE A STREET ADDRESS)	Boston, MA 02108	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited lia	ability company is: M17000005340	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: $\frac{06/1}{1}$	9/2017	<u></u>
SECTION 11 (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	t contain "Limited Liability Company.	""L.L.C" or "LLC.")
If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate	
6. If amending the registered agent and/or registere registered agent and/or the new registered office are	ddress here:	the name of the new
Name of New Registered Agent: Corporation Se	ervice Company	
New Registered Office Address: 1201 Hays Str	reet	
Tal	Enter Florida Street	
	City .	orida <u>32301</u> Zip Code
New Registered Agent's Signature, if changing Red hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the life.	nt and agree to act in this capacity. I fu and complete performance of my dutie ered agent as provided for in Chapter (in the registered office address, I herel	s, and I am familiar with 605, F.S. Or. if this by confirm that the limited

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
uthorized Person	Mary Beth Bloom	One Beacon Street, 24th Floor	■Add
		Boston, MA 02108	□Remo
thorized Person	Melinda Brothers	One Beacon Street, 24th Floor	= Add
		Boston, MA 02108	□Remo
othorized Signatory	David Veneziano	7 St Thomas, Suite 801	□Add
		Toronto M5S 2B7 CA	■Remo
			□Add
			□Remo
			□Add
aforemention	under the law of which this entity is	ed by the official having custody of records in th	□Remo

Filing Fee: \$25.00