Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000334052 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344 Phone : (305)520-2400 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email	Address:	
Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COUNTYLINE BUILDING 2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help A. LUMT

Hernandez, Brianna

From:

FDG Fax <noreply@flaglerdev.com>

Sent:

Tuesday, November 27, 2018 1:31 PM

To:

Hernandez, Brianna

Subject:

Fax: Tx 'ok' Report

This message was sent via FAXCOM, a product from Biscom Inc. http://www.biscom.com/

-----Fax Transmission Report------

Ta:

Recipient at 8506176383

Subject:

Countyline Building 2 LLC

Result:

The transmission was successful.

Explanation:

All Pages Ok

Pages Sent:

Connect Time: 1 minutes, 10 seconds Transmlt Time: 11/27/2018 13:29

Transfer Rate: 26400

Status Code: 0000

Retry Count: 0

Job Id:

3633

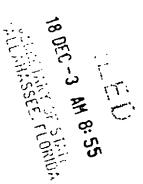
Unique ld:

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Fax Line:

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COVER LETTER

FO: Registration Section Division of Corporations					
_{вивлест:} Countyline Building		<u>-</u>		<u>.</u>	
Name of Foreign I	imited Liabilit	y Compan	У		
Dear Sir or Madam:					
The enclosed application, certificate and fee(s) are	submitted for	filing.			
Please return all correspondence concerning this r	natter to the fol	lowing:			
Jessica Perez					
Name of Person					
Firm/Company					
117 NE 1st Avenue, 11th	Floor				
Address					
Miami, FL 33132				180	
City/State and Zip Code				Ser.	
kolleen.cobb@feci.com				388	17
E-mail address: (to be used for future annual re	eport notification	on)		25 3	,
For further information concerning this matter, p	lease call:			OFF OF	ハ ス
lessica Perez	_{at} 305 ,	520-	2366		
Name of Person	Area Code &	k Daytime	: Telephone Num	iber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Divisior P.O. Bo	NG ADDRESS: tion Section t of Corporations x 6327 ssee, Florida 323		
Enclosed is a check for the following amount: \$\Bigsim \frac{\pi}{25} \text{ Filing Fee} \Bigsim \frac{\pi}{20} \text{ Filing Fee & Certificate of Status}	S55 Filin Certified		Sectificate Certificate Certified C	of Status &	
/ matrice / m/1 6\					

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 Flor	ida Department of	
State: Countyline Building 2 LLC			
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 liabili	ty company is: M17	000006207	18 OF
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 7/21/2	2017		SSK
SECTION II (5-9 complete only the applicable cha			79. 3
5. New name of the limited liability company: (must co	ntain "Limited Liabili	ty Company, " "L.L.C.	.," or "L10")
(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."	r the purpose of transa ing members adopting or "LLC.")	cting business in Flori the alternate name. Th	da and attach a ne alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addr.	officer address on our r	records, enter the name	gof the ne <u>w</u>
Name of New Registered Agent:			- •
New Registered Office Address:	Finter	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.

i. If the amendi	ment changes person, title or capacity in a	accordance with 605.0902 (1)(e), indicate that of	change:	
Title/ Capacity	Name	Address	Type of Action	
VP.	Sutton, Christopher J.	117 NE 1st Avenue, 11th Floor	Add	
		Miami, FL 33132	Remove	
P -	Sutton, Christopher J.	117 NE 1st Avenue, 11th Floor		
		Miami, FL 33132	Remove	
VP	Snyder, Marshall Bruce	117 NE 1st Avenue, 11th Floor	Add	
		Miami, FL 33132	Remove	
VP	Anderson, Mauricio H.	117 NE 1st Avenue, 11th Floor	Add	
		Miami, FL 33132	Remove	
aforem e ntio	a certificate, if required: no more than 5 oned amendment(s), duly authoriticated bunder the law of which this entry is org	by the official having custody of records in the	LORIUM	