Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000166620 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 : (305)520-2344

: (305)520-2400 Fax Number

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

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COUNTYLINE BUILDING 1 LLC

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

D SCOTT

MAY 23 2019

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COUNTYLINE BUILDING 1	
Name of Foreign Limited Liability C	iompany
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to the follow	ving:
KOLLEEN COBB	
Name of Person	
Firm/Company	. ~?
700 NW 1ST AVE, SUITE 1620	三 三
Address	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
MIAMI, FL 33136	>
City/State and Zip Code	ê y
KOLLEEN.COBB@FECI.COM	26
E-mail address: (to be used for future annual report potification)	
For further information concerning this matter, please call:	
BRIANNA HERNANDEZ at (305) 5	82-4495
Name of Person Area Code & D	aytime Telephone Number
Registration Section Ro Division of Corporations D Clifton Building P.	egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status CR2F055 (9/15) \$55 Filing Fee Certified Coperations CR2F055 (9/15)	

2

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)

	City	, FloridaZip Code	
New Registered Office Address:	Enter Florida Street Address		
Name of New Registered Agent:			
 If amending the registered agent and/or registered registered agent and/or the new registered office a 	ed officer address on our records, e ddress here:	nter the name of the new	
(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 altern	iness in Florida and attach a nate name. The alternate nam	
 New name of the limited liability company: (must 	et contain "Limited Liability Compa	any, " "L.L.C.," or "LLC.")	
SECTION II (5-9 complete only the applicable	changes)	<u> </u>	
4. Date authorized to do business in Florida: 07/	21/201/		
3. Jurisdiction of its organization: DELAWAF	RE		
2. The Florida document number of this limited lia		6214	
Enter new mailing address, if applicable: (<u>Mailing address</u> MAY RE A POST OFFICE BOX)			
<u>Principal office address</u> MUST BE A STREET ADDRESS			
Enter new principal office address, if applicable:			
State: COUNTYLINE BUILDING 1	LLC _		
1. Name of limited liability Company as it appear		artment of	

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.

7. If the amend	lment changes the jurisdiction of organizat	tion, indicate new jurisdiction:				
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Title/ Capacity	Name	<u>Address</u>	Type of Action			
18 J	Kolleen O.P. Cobb	700 Nui 1 st Ave, suite 1	W YAdd			
		Hianii, PC 33126	_[] Remove			
1P, T	Juan Godoy	700 Nui 19 Abe, sute 162	O Adu			
		Mumi, PC 33136	Remove			
	(herstopher Sutton	700 Nes 1st Ave, suite	I620 Add			
		Mami PL 33136	Remove			
VP, AS	Margarita M. Hallinez	TOO UN ISTAVE, SAK	Add .			
		Miami, PL 33136	Rémove			
76	Mauricio H. Anderson	700 NW 17 Ave, suite los	L Add			
		HIGMI, PC 331312	Remove			
aforementio	under the law of which this cutity is organ	the official having custody of records in the				
Kolleen O.P. Cobb						
Typed or printed name of signee						

Filing Fee: \$25.00



To:

Fax Number: 8506176383

From:

Hernandez, Brianna

Fax Number:

Company:

Florida East Coast Industries

Voice Number:

305.520.2427

Date:

May 22, 2019

Subject:

Countyline Building 3 LLC

Total Pages:

5

Memo:

Brianna Hernandez | Florida East Coast Industries, LLC

305.520.2427 |

Brianna.Hernandez@feci.com<mailto:Brianna.Hernandez@feci.com> | www.feci.com<http://www.feci.com>

From: svc.scansouth < svc.scansouth@flaglerdev.com>

Sent: Wednesday, May 22, 2019 5:39 PM

To: Hernandez, Brianna < Brianna. Hernandez@feci.com >

Subject: Message from MIA-MAIN-P01

!!<<PLEASE NOTE OUR PHYSICAL MAILING ADDRESS HAS CHANGED>>!!