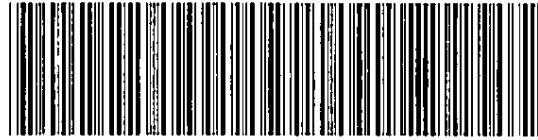


M17000007492



400398928524

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2022 DEC 16 AM 10:44

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FILING OFFICE

(Requestor's Name)

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PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 253364 5032684

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : December 15, 2022

ORDER TIME : 8:29 AM

ORDER NO. : 253364-005

CUSTOMER NO: 5032684

FOREIGN FILINGS

NAME: NDC REAL ESTATE MANAGEMENT LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NDC Real Estate Management 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:

Lisa Reich
Name of Person

Beacon Communities LLC
Firm/Company

Two Center Plaza, Suite 700
Address

Boston, MA 02108
City/State and Zip Code

lreich@beaconcommunitiesllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Reich at (617) 574-1100
Name of Person Area Code & Daytime 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

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

**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: NDC Real Estate Management 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)

2022 DEC 16 AM 10:44
STATE OF FLORIDA
SECRETARY OF STATE

FILED

2. The Florida document number of this limited liability company is: M17000007492

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 10/10/2017

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

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:
 Remove Kathleen Sheehan as Secretary, add Nicole R. Clement as Secretary, Remove Sarah T. Boehs as Asst. Secretary, add Samuel Ross as COO

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Secretary</u>	<u>Kathleen M. Sheehan</u>	<u>c/o Beacon Communities LLC Two Center Plaza, Suite 700, Boston, MA 02108</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Nicole R. Clement</u>	<u>c/o Beacon Communities LLC Two Center Plaza, Suite 700, Boston, MA 02108</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Asst. Secretary</u>	<u>Sarah T. Boehs</u>	<u>c/o Beacon Communities LLC Two Center Plaza, Suite 700, Boston, MA 02108</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Chief Operating Officer</u>	<u>Samuel Ross</u>	<u>c/o Beacon Communities LLC Two Center Plaza, Suite 700, Boston, MA 02108</u>	<input checked="" type="checkbox"/> Add <input 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.

Nicole R. Clement
 Signature of the authorized representative

Nicole R. Clement, Secretary
 Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY
 TALENT ASSOCIATES
 2022 DEC 16 AM 10:44
 FILED