

M17000000-1977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

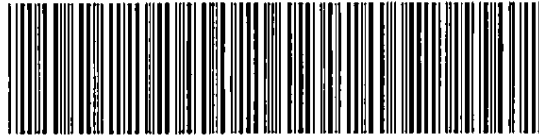
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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19 OCT -1 PM 4:22

2019 OCT -1 AM 9:38

FILED

NOTICE

T GLASS

OCT 02 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 938194 8006967

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : September 30, 2019

ORDER TIME : 3:21 PM

ORDER NO. : 938194-025

CUSTOMER NO: 8006967

FOREIGN FILINGS

NAME: FALCON PINES FEE OWNER LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

2019 OCT -1 AM 9:33

FILED
OCT 1 2019
TALLAHASSEE, FL
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALCON PINES FEE OWNER 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:

Ethan J Pompey

Name of Person

TruAmerica Multifamily LLC

Firm/Company

10100 Santa Monica Blvd. Suite 400

Address

Los Angeles CA 90067

City/State and Zip Code

epompey@truamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ethan J. Pompey

Name of Person

at (904) 200-5712

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

2019 OCT -1 AM 9:38

ALBANY
COUNTY
CLERK

**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: FALCON PINES FEE OWNER LLC

Enter new principal office address, if applicable: 10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000007977

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/19/2017

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.

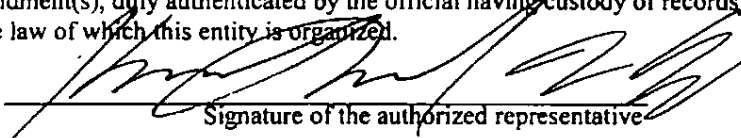
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Director</u>	<u>Ethan J. Pompey</u>	<u>10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>President</u>	<u>Robert E. Hart</u>	<u>10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Vice President</u>	<u>Mark Enfield</u>	<u>10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Vice President</u>	<u>Karen Millan</u>	<u>10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Vice President</u>	<u>Matt Ferrari</u>	<u>10100 Santa Monica Blvd. Suite 400, Los Angeles CA 90067</u>	<input checked="" 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.


Signature of the authorized representative

Karen Millan / Mark Enfield

Typed or printed name of signee

Filing Fee: \$25.00