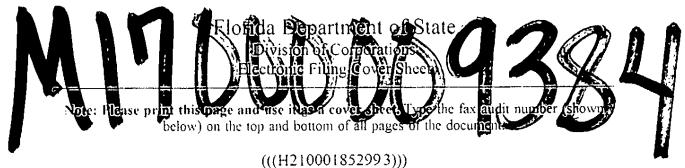
Division of Corporations





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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)290-3338 Fax Number : (954)203-0845 Please honor original date

05/07/2021

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOF FL FOUNTAIN SQUARE LLC

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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	ne records of the Flori	da Department of
State: BOF FL Fountain Square LLC		
Enter new principal office address, if applicable:		, <u></u>
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		HE AAS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEE FIORIE
2. The Florida document number of this limited liability	company is: M17000	009384
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: November	3, 2017	
SECTION II (5-9 complete only the applicable change		
5. New name of the limited liability company:(must conta	in "Limited Liability	Campany, ""L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or	e purpose of transacti members adopting the 'LLC.")	ng business in Florida and attach a e alternate name. The alternate name
. If amending the registered agent and/or registered office agistered agent and/or the new registered office address	er address on our rec here:	ords. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Part 19.	rida Street Address
	Enter Plo	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and cound accept the obligations of my position as registered as document is being filed to merely reflect a change in the relative company has been notified in writing of this change.	d Agent: agree to act in this ca applete performance o gent as provided for in registered office addr	pacity. I further agree to comply with of my duties, and I am familiar with a Chapter 605, F.S. Or, if this

Fitle/ Capacity	<u>Name</u>	Address Ty	pe of Action
AP	John Ward	5 Concourse Parkway, Suite 500	_ ⊠Add
		Atlanta, GA 30328	Remove
\P	Kelly Kuykendall	5 Concourse Parkway, Suite 500	_ ®Add
		Atlanta, GA 30328	_ □Remove
AP	Kemp Amason	5 Concourse Parkway, Suite 500	_ ⊠Add
		Atlanta, GA 30328	Remove
.P	Kelly Trahan	5 Concourse Parkway, Suite 500	Modd
		Atlanta, GA 30328	Remove
Attached is	a certificate, if required: no more t	han 90 days old, evidencing the	AUSTRAL - 1 - WW 2: 43

Filing Fee: \$25.00

Typed or printed name of signee