

M17000009539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

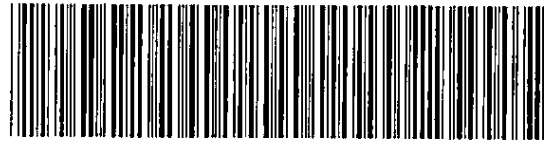
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/18/19--01001--018 \*\*55.00

23 OCT 18 AM 11:11

19 OCT 18 PM 10:05

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INDIANA COURT REPORTERS

K. SAIY

OCT 21 2019

**CORPORATE  
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**WALK IN**

**PICK UP:** 10/17/2019

**xx** **CERTIFIED COPY** \_\_\_\_\_

☐ **PHOTOCOPY** \_\_\_\_\_

☐ **CUS** \_\_\_\_\_

**xx** **FILING** LLC / AMENDMENT

1. **ROIB CYPRESS STREET, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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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 records of the Florida Department of

State: ROIB Cypress Street, LLC

Enter new principal office address, if applicable:

225 NE Mizner Boulevard, Suite 400

*(Principal office address*

*MUST BE A STREET ADDRESS)*

Boca Raton, FL 33432

Enter new mailing address, if applicable:

c/o IP Capital Partners, LLC

*(Mailing address*

*MAY BE A POST OFFICE BOX)*

225 NE Mizner Boulevard, Suite 400

Boca Raton, FL 33432

2. The Florida document number of this limited liability company is: M17000009539

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 8, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BVIP BayWest, LLC  
(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: Registered Agent Solutions, Inc.

New Registered Office Address: 155 Office Plaza Dr., Suite A

*Enter Florida Street Address*

Tallahassee

*City*

Florida 32301

*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.*

Adam Saldana, Asst. Secretary

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)(c), indicate that change:

Title/ Capacity                      Name                      Address                      Type of Action

Authorized Signatory

Paul R. Sparks

☐ Add

☒ Remove

Authorized Signatory

Reginald D. Bell

☐ Add

☒ Remove

Authorized Signatory

Stephen J. Wunder, Jr.

☐ Add

☒ Remove

Authorized Signatory

Kyle G. Putnam

☐ Add

☒ Remove

☐ Add

☐ 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

Josh Procacci

\_\_\_\_\_  
Typed or printed name of signee

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19 OCT 18 PM 10:03  
TALLAHASSEE  
FLORIDA

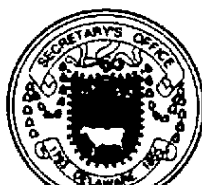
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "ROIB CYPRESS STREET,  
LLC", CHANGING ITS NAME FROM "ROIB CYPRESS STREET, LLC" TO  
"BVIP BAYWEST, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH  
DAY OF OCTOBER, A.D. 2019, AT 1:22 O'CLOCK P.M.

FILED  
19 OCT 18 PM 10:02  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:22 PM 10/17/2019  
FILED 01:22 PM 10/17/2019  
SR 20197597890 - File Number 6594790

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

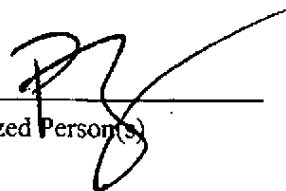
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DELAWARE

1. Name of Limited Liability Company: ROIB Cypress Street, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The legal name of the entity shall be changed to BVIP BayWest, LLC.

The registered agent and its DE registered office address shall be changed to the following: Registered Agent Solutions, Inc., 9 E. Loockerman Street, Suite 311, Dover, County of Kent, Delaware 19901.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 17th day of October, A.D. 2019.

By:   
Authorized Person(s)

Name: Reggie Bell  
Print or Type