

5/23/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

SECRETARY OF STATE
ALL AMND/RESTATE/FLORIDA

2021 MAY 20 AM 10:28

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
301 BC TWO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAY 21 2021

M. SOLOMON

RECEIVED

2021 MAY 20 PM 4:19

FLORIDA DEPARTMENT OF STATE
ALL AMND/RESTATE/FLORIDA

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: 301 BC Two, LLC

Enter new principal office address, if applicable: 730 Third Avenue

(Principal office address)

MUST BE A STREET ADDRESS

New York, New York 10017

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

730 Third Avenue

New York, New York 10017

2. The Florida document number of this limited liability company is: M17000010554

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 13, 2017

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida 32301

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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	301 Business Center, LLC	3715 Northside Parkway, NW, Bldg 200	☐ Add
		Atlanta, Georgia 30327	☒ Remove
MBR	301 Business Center, LLC	730 Third Avenue	☒ Add
		New York, New York 10017	☐ Remove
Assistant Secretary	Cheryl Roberts	8500 Andrew Carnegie Blvd.	☒ Add
		Charlotte, North Carolina 28262	☐ Remove
Vice President	Graham Catlin	333 West Wacker Drive	☒ Add
		Chicago, Illinois 60606	☐ Remove
Senior Director	Holly Losey	2300 N. Field Street, Suite 1650	☒ Add
		Dallas, Texas 75201	☐ 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.

Cheryl Roberts

Signature of the authorized representative

Cheryl Roberts

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TAMPA, FLORIDA

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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>
Managing Director	Louis Bauer	2300 N. Field St., Ste 1650	☒ Add
		Dallas, Texas 75201	☐ Remove
Managing Director	Bryan Morland	2300 N. Field St., Ste 1650	☒ Add
		Dallas, Texas 75201	☐ Remove
Senior Director	Michael Swink	5005 Red Robin Ridge	☒ Add
		Johns Creek, Georgia 30022	☐ Remove
			☐ 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.

Cheryl Roberts

Signature of the authorized representative

Cheryl Roberts

Typed or printed name of signee

Filing Fee: \$25.00

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 SECRETARY OF STATE
 JEFFREY L. HANSEN
 JEFFREY L. HANSEN

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