

M17000010795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

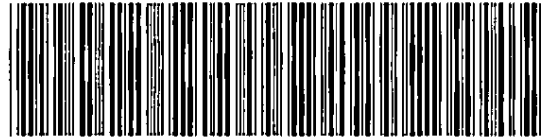
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only




800375387198

6711.077  
2021 OCT 22 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2021 OCT 22 PM 3:33  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195  
REFERENCE : 159553 7966620  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : October 22, 2021  
ORDER TIME : 1:30 PM  
ORDER NO. : 159553-045  
CUSTOMER NO: 7966620

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FOREIGN FILINGS

NAME: RESI SFR SUB, 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: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RESI SFR SUB, 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:

Legal Department

\_\_\_\_\_  
Name of Person

Progress Residential, LLC

\_\_\_\_\_  
Firm/Company

PO Box 4090

\_\_\_\_\_  
Address

Scottsdale, AZ 85261

\_\_\_\_\_  
City/State and Zip Code

legal@progressresidential.com

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

For further information concerning this matter, please call:

Legal Department

\_\_\_\_\_  
Name of Person

at ( 480 ) 588-6121

\_\_\_\_\_  
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:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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: RESI SFR SUB, LLC

Enter new principal office address, if applicable: 7500 North Dobson Road, Suite 300

(Principal office address  
MUST BE A STREET ADDRESS) Scottsdale, AZ 85256

Enter new mailing address, if applicable: PO Box 4090  
(Mailing address  
MAY BE A POST OFFICE BOX) Scottsdale, AZ 85261

2. The Florida document number of this limited liability company is: M17000010795

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/20/2017

**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:

Removing old members and adding new authorized members, additional changes attached

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Lubin, Michael G.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Gray, Stephen H.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Lowe, Robin N.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Mason, Randall K.	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Gurhan, Ercan	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" 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

Brian Buffington

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

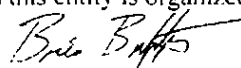
**Filing Fee: \$25.00**

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>
Member	Dittrich, Rene	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Adams, Miles	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Member	Stallard, Jeff	3505 KOGER BLVD., STE 400	<input type="checkbox"/> Add
		DULUTH, GA 30096	<input checked="" type="checkbox"/> Remove
Authorize d Person	Brian Buffington	7500 N. Dobson Road, Ste 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<input type="checkbox"/> Remove
Authorize d Person	Travis Chester	7500 N. Dobson Road, Ste 300	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 85256	<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

Brian Buffington

Typed or printed name of signee

**Filing Fee: \$25.00**