

M17000010978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

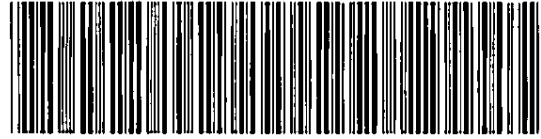
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. SILAS

Office Use Only



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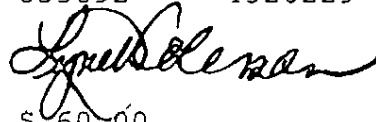
RECEIVED
2022 JUL 27 AM 11:37
TALLAHASSEE, FL
SECRETARY OF STATE

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

ACCOUNT NO. : I20000000195

REFERENCE : 835692 4320229

AUTHORIZATION :



COST LIMIT : \$ 60.00

ORDER DATE : July 26, 2022

ORDER TIME : 8:33 AM

ORDER NO. : 835692-005

CUSTOMER NO: 4320229

FOREIGN FILINGS

NAME: DOF IV BAY POINT, 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#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOF IV BAY POINT, 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:

Robert A. Del Monaco

Name of Person

Torchlight Investors LLC

Firm/Company

280 Park Avenue, 11th Floor

Address

New York, New York 10017

City/State and Zip Code

rdelmonaco@torchlightinvestors.com

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

For further information concerning this matter, please call:

Marie Kinch, Paralegal

at (404) 815-6282

Name of Person

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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

JUL 27 2017

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of Banking & Finance:
State: DOF IV BAY POINT, LLC

Enter new principal office address, if applicable: c/o Torchlight Investors LLC
280 Park Avenue, 11th Floor
(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

2. The Florida document number of this limited liability company is: M17000010978

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 26, 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:

Authorized Signatory amended as indicated below:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	Robert A. Del Monaco	Torchlight Investors LLC 280 Park Avenue, 11th Floor New York, NY 10017	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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.

See attached Signature Page

Signature of the authorized representative


Typed or printed name of signee

Filing Fee: \$25.00

**SIGNATURE PAGE
TO
AMENDMENT TO CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS IN FLORIDA**

DOF IV BAY POINT, LLC,
a Delaware limited liability company

By: DOF IV Bay Point Member, LLC,
a Delaware limited liability company

By: 
Name: Robert A. Del Monaco
Title: Authorized Signatory