# 11/800000 1689

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| W \$15.00                               |  |  |  |  |

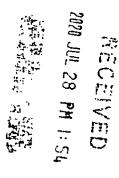
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 368787 7490443

AUTHORIZATION: Symbol Man

COST LIMIT : \$ 12'5\00

ORDER DATE : July 27, 2020

ORDER TIME : 11:04 AM

ORDER NO. : 368787-010

CUSTOMER NO: 7490443

#### FOREIGN FILINGS

NAME: DIGITAL COLONY GP, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

### **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: DIGITAL COLONY GP, LLC   | and Limited Life View Comments   |
| Name of Forei   | gn Limited Liability Company   |
| Dear Sir or Madam;  |  |
| The enclosed application, certificate and fee(s   | ) are submitted for filing.  |
| Please return all correspondence concerning the   | his matter to the following:   |
| Attn: Director-Legal  |  |
| Name of Person  |  |
| c/o Colony Capital, Inc.  |  |
| Firm/Company  |  |
| 590 Madison Avenue, 34th Floor  |  |
| Address   |  |
| New York, New York 10022  |  |
| City/State and Zip Coo  | de   |
| ciny-legalassistance@clny.com   |  |
| E-mail address: (to be used for future annua  | al report notification)  |
| For further information concerning this matter  | r, please call:  |
|   | at () 547-2600   |
| 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  □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status  CR2E055 (9/15) | g amount:  ☐ \$55 Filing Fee & ☐ \$60 Filing Fee.  Certified Copy  Certified Copy  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 Flo   | rida Department o           | ſ                |
|--|---|-----------------------------|------------------|
| State: DIGITAL COLONY GP, LLC  |   |                             |                  |
| Enter new principal office address, if applicable:   |   |                             |                  |
| ( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )  |   |                             | 2010             |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |                             | 28 AH 10: 2      |
| 2. The Florida document number of this limited liab  |   | _                           |                  |
| 3. Jurisdiction of its organization: DELAWARE  |   |                             |                  |
| 4. Date authorized to do business in Florida: FEBF   | RUARY 16, 2018  |                             | <del></del>      |
| SECTION II (5-9 complete only the applicable cl  |   |                             |                  |
| 5. New name of the limited liability company:  (must)  (If name unavailable, enter alternate name adopted acopy of the written consent of the managers or manamust contain "Limited Liability Company." "L.L.C.  | for the purpose of transact   | ing business in Ula         | aide and asset   |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office add  | l officer address on our red<br>fress here:   | cords, <u>enter the nar</u> | me of the new    |
| Name of New Registered Agent:  |   |                             |                  |
| New Registered Office Address:   |   |                             |                  |
|  | Enter Fle   | orida Street Addres         | 5.5              |
| New Registered Agent's Signature, if changing Regi   | City  | Florida _                   | Zip Code         |
| hereby accept the appointment as registered agent he provisions of all statutes relative to the proper and accept the obligations of my position as register locument is being filed to merely reflect a change in iability company has been notified in writing of this | and agree to act in this co<br>nd complete performance<br>ed agent as provided for i<br>the registered office add | of my duties, and I         | am familiar with |

If Changing Registered Agent, Signature of New Registered Agent

| tle/ Capacity    | <u>Name</u>                                 | <u>Address</u>                                | Type of Actio |
|------------------|---|---|---------------|
| thorized<br>sons | See attachment                              |   | □Add          |
|                  |   |   | □Remo         |
|                  |   |   | □Add          |
|                  |   |   | □Remo         |
|                  |   |   | □Add          |
|                  |   |   | □Remo         |
|                  |   |   | □Add          |
|                  |   |   | □Remo         |
| <u>_</u>         |   |   | □Add          |
| aforementio      | under the law of which this entity is orgai | the official having custody of records in the | □Remo         |

Filing Fee: \$25.00

Attachment to Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

### Authorized Persons of Digital Colony GP, LLC

| <u>Name</u>         | <u>Title</u>                        | Address  |
|---------------------|-------------------------------------|--|
| Ben Jenkins         | Chairman                            | 750 Park of Commerce Drive, Suite 210<br>Boca Raton, Florida 33487 |
| Marc Ganzi          | Chief Executive Officer             | 750 Park of Commerce Drive, Suite 210<br>Boca Raton, Florida 33487 |
| Jacky Wu            | Vice President, Treasurer           | 750 Park of Commerce Drive, Suite 210<br>Boca Raton, Florida 33487 |
| Jeffrey Ginsberg    | Vice President                      | 750 Park of Commerce Drive, Suite 210<br>Boca Raton, Florida 33487 |
| Mark M. Hedstrom    | Vice President, Assistant Secretary | 515 S. Flower Street, 44th Floor<br>Los Angeles, California 90071  |
| Geoffrey Goldschein | Authorized Person                   | 654 Madison Avenue, Suite 602<br>New York, New York 10065          |