Division of Corporations **Electronic Filing Cover Sheet**

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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. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVALON DORAL, LLC

Certificate of Status	U
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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 appear				
State: Avalon Doral, LLC				
Enter new principal office address, if applicable:			-	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)				
2. The Florida document number of this limited li-	ability company is: M180000	02563	温望	
Jurisdiction of its organization: Delaware			5 N	
4. Date authorized to do business in Florida: Mai	rch 14, 2018			E
SECTION II (5-9 complete only the applicable			新聞し	K.
5. New name of the limited liability company: (mu	st contain "Limited Liability (Company, " "L.L	.C., yor "LL&")	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	anaging members adopting the	ng business in Fide alternate name.	orida and attach a The alternate name	2
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our reco address here:	ords, <u>enter the m</u>	ine of the new	
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Flo	orida Street Addro	255	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in	ent and agree to act in this ca or and complete performance of stered agent as provided for it e in the registered office addr	of my duties, and n Chapter 605, F	' I am familiar with '.S. Or, if this	
	Classica Davisson & America 6	Standard - Chlass	Dogistanud Acces	

tle/ Capacity	Name	<u>Address</u> 1499 Post Rd., 2 nd Floor	Type of Action ⊠Add
officer	Joanne M. Lockridge	Fairfield, CT 06824	
			Remove
Officer	Jonathan R. Busch-Vogel	1633 Broadway, Suite 22B New York, NY 10019	Model
			Remov
			E Nu
			PROPERTY DESCRIPTION OF THE PR
			Remove
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Typed or printed name of signee