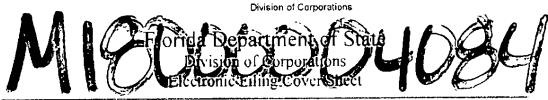
6/2/2021



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(((H210002186703)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (614)280-3338 : (954)208-0845

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

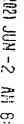
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NE HI TAMPA DT OP CO, LLC

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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 appears			
State: NF III Tampa DT Op Co, LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	***		2021 JUN
2. The Florida document number of this limited lia	hility company is: M1800000408	4 83	: ::::
	omity company is.	[r] -	₹ \
2. Iurisdiction of its organization. Delaware		('' <u>c</u>	Aři Aři
 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 4/25/ 	2018	<u> </u>)
SECTION II (5-9 complete only the applicable of	changes)	©r ≯	69 80
5. New name of the limited liability company: (must		pany, ""L.L.C.," or "LLC."))
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the alte	siness in Florida and attach a mate name. The alternate na	i ine
6. If amending the registered agent and/or registere registered agent and/or the new registered office as	ed officer address on our records, ddress here:	enter the name of the new	
Name of New Registered Agent;			
New Registered Office Address:			
	Enter Florida Street Address		
	City	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capach and complete performance of my tered agent as provided for in Ch in the registered office address,	aunes, and ram jamuar wi apter 605, F.S. Or, if this	in
	Changing Registered Agent, Signs	ture of New Registered Ager	<u>nt</u>

From: Kimberly Laughrey

3. If the amend	ment changes person, title or capac	ity in accordance with 605.0902 (1)(e), indicate that cha	nge:
Fitle/ Capacity	<u>N</u> aine	Address Tyr	oe of Action
VP	George D. Dabney, III	3424 Peachtree Rd NE #2000, Atlanta, GA 30	326 <u> </u> ⊠Add
			_
VP	Aditya Bhoopathy	3424 Peachtree Rd NE #2000, Atlanta, Ga 30	326 1 ■Add
			_ □Remove
			_ 🗆 Add
			_ □Remove
			_ []Add
			□Remove
			□Add
O Amarkadia	s a certificate, if required: no more	than 90 days old, evidencing the	_ ERemove
aforementi	oned amendment(s), duly authenting under the law of which this entity Sign James F., Conley, Jr., V	cated by the official having custody of records in the sis organized. ature of the authorized representative Vice President	2021 JUN -2 PALLAHASSEI
	Туре	d or printed name of signee Filing Fee: \$25.00	Z AM E