

12/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (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.****

Email Address: _____

2018 DEC -5 AM 11:13
FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAR2 - 20080 WEST DIXIE HIGHWAY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. CLINE

DEC - 6 2018

EXAMINER

2018 DEC -5 AM 11:18

Electronic Filing Menu

Corporate Filing Menu

Help

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: RAR2 - 20080 West Dixie Highway, 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 BOX)

2. The Florida document number of this limited liability company is: M18000004867

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/21/2018

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	W. Todd Henderson	345 Park Avenue, 26th Floor, NY, NY	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President	Yvette George	200 Crescent Court, Suite 560, Dallas, TX	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President	James W. Miller	101 California Street, 24th Floor, San Francisco, CA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP & Asst. Treasurer	Vikram Mehra	345 Park Avenue, 26th Flr, New York, NY	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President	William Swiderski	222 South Riverside Plz, 26th Flr, Chicago, IL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

(Continued on Attachment)

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.

Portia Guerin

Signature of the authorized representative

Portia Guerin, Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00

Attachment to Florida Amended Registration for
RAR2 – 20080 West Dixie Highway, LLC

Title / Capacity	Name	Address	Type of Action
Vice President	Sandra Fung	222 South Riverside Plz, 26 th Floor, Chicago, IL	ADD
Vice President	Kristin Strange	222 South Riverside Plz, 26 th Floor, Chicago, IL	ADD
Vice President	James Toney	222 South Riverside Plz, 26 th Floor, Chicago, IL	ADD
Secretary	Portia Guerin	222 South Riverside Plz, 26 th Floor, Chicago, IL	ADD

CL
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CLERK OF COURT
AT CAMBRIDGE, FLORIDA

M18000004867