

2/25/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: _____

FILED
19 FEB 26 AM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPITAL APARTMENT GROUP DAYTONA, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55.00 |

2019 FEB 26 PM 4:39

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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 on the records of the Florida Department of

State: Capital Apartment Group Dayton, LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000008459

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: September 14, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: DOZ Manager, LLC
(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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

City, Florida 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:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|--------------------------------------------|
| _____ | _____ | _____ | <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 checked="" 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.

/s/ Shannon McNulty

Signature of the authorized representative

Shannon McNulty

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "CAPITAL APARTMENT
GROUP DAYTONA, LLC", CHANGING ITS NAME FROM "CAPITAL APARTMENT
GROUP DAYTONA, LLC" TO "DOZ MANAGER, LLC", FILED IN THIS OFFICE
ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2019, AT 12:55
O'CLOCK P.M.

FILED
19 FEB 26 AM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7027745 8100
SR# 20191224364

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202324167
Date: 02-26-19

FIRST CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
CAPITAL APARTMENT GROUP DAYTONA, LLC

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:55 PM 02/21/2019
FILED 12:55 PM 02/21/2019
SR 20191224364 - File Number 7027745

1. Name. The name of the limited liability company is Capital Apartment Group Daytona, LLC (the "Company").

2. The Company filed its Certificate of Formation on August 23, 2018.

3. Amendment. The Certificate of Formation of the Company is hereby amended by deleting the first recital in its entirety and inserting the following new first recital in lieu thereof:

"FIRST: The name of the Limited Liability Company is DOZ Manager, LLC."

4. Effective Time and Date. The effective time and effective date of this First Certificate of Amendment is February 21, 2019.

[Signature Page Follows.]

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19 FEB 26 AM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed this First Certificate of Amendment
on this 20th day of February, 2019.

By: /s/ Shannon McNulty
Name: Shannon McNulty
Title: Authorized Person

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19 FEB 26 AM 3 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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