M18000009236

(Re	equestor's Name)
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	ime)
(Do	ocument Number	()
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2021 SEP 24 AM 8: 56



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	028801	8006743	
	AUTHORIZATION	:	Louis	Elemon	
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	September 23, 20:	21			
ORDER TIME :	2:46 PM				
ORDER NO. :	028801-015				
CUSTOMER NO:	8006743				
		-			- - -
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	HOME PARTNERS PROPERTIES LLO		SOURCE		

	CORPORATE SIMITED PARTNERSHIP SIMITED LIABILITY COMPANY
XXXX AM	ENDMENT
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Alexxis Weiland EXT# 61592
	EXAMINER:

COVER LETTER

TO:			Section Corporations			
SUBJI	FCT·	Home	Partners Resources Propert	ies LLC		
3020	LC1.		Name of Foreig	n Limited Liab	oility Cor	npany
Dear S	Sir or N	1adam:				
The en	nclosed	applic	eation, certificate and fee(s)	are submitted	for filing	
Please	return	all cor	respondence concerning th	is matter to the	followin	g:
Jonath	nan Bal	b			_	
		-	Name of Person			
			Firm/Company		_	
120 S	Rivers	de Pla	za, Suite 2000		_	
			Address			
Chicag	go, IL 6	0606				
			City/State and Zip Cod	e	_	
) Dhome				_	
E-m	nail add	iress: (to be used for future annua	report notifica	ation)	
For fu	rther it	ıforma	tion concerning this matter.	please call:		
				_ at (ime Telephone Number
		Nan	ne of Person	Area Code	e & Dayt	ime Telephone Number
		ng Add			Street A	
	_		n Section		_	ation Section n of Corporations
		sion of Box 6	Corporations			ntre of Tallahassee
	_		s, FL 32314		2415 N	. Monroe Street, Suite 810 ssee, FL 32303
	Encl	osed is	a check for the following	amount:		
□\$25	Filing		☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Certified (☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E05	55 (9/15)	ı				Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

State: Home Partners Resources Properties	LLC		
Enter new principal office address, if applicable:	120 S Riverside Plaza		
(Principal office address	Suite 2000		
MUST BE A STREET ADDRESS)	Chicago, IL 60606		_
Enter new mailing address, if applicable:	120 S Riverside Plaza	<u> </u>	20
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Suite 2000		2012 ISHP
	Chicago, IL 60606	1	ਜ਼ਿ 12 ਵਾਂ 12 ਵਾਂ
2. The Florida document number of this limited lia	ability company is: M180000092	36 <u>25</u>	
3. Jurisdiction of its organization: Delaware			בי בי בי כי
4. Date authorized to do business in Florida: 10/1	5/2018		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: Removed (mus	ealSure Properties LLC st contain "Limited Liability Com	pany, ""L.L.C.," or "L1	.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alte		
6. If amending the registered agent and/or register registered agent and/or the new registered office a		enter the name of the ne	<u>w</u>
Name of New Registered Agent:			
New Registered Office Address:		-	_
	Enter Florida		
	City	Florida 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 capacit and complete performance of my tered agent as provided for in Cha in the registered office address. I	duties, and I am familia upter 605, F.S. Or, if this	r with
——————————————————————————————————————	Changing Registered Agent, Signa	ture of New Registered A	Agent

				
lc/ Capacity	Name	<u>Address</u> <u>T</u>	Type of Actio	
			□Add	
			□Remo	
			□Add	
			□Rem	
			□Add	
			Zijkem	
		ラ (SEP 2 DAdd	
			0; GRem 65	
			□Add	
· · · · · · · · · -		O de consideración de la	□Rem	
aforementioned am	cate, if required: no more than 90 endment(s), duly authenticated be law of which this entity is org.	y the official having custody of records in the		

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HOME PARTNERS

RESOURCES PROPERTIES LLC", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "REALSURE PROPERTIES LLC" ON THE TWENTIETH

DAY OF AUGUST, A.D. 2021, AT 12:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204236993

Date: 09-23-21