

M18000009280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

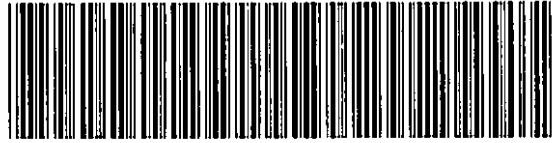
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JAN 17 2025

Office Use Only



800441814878

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2025 JAN 16 AM 10:17

RECEIVED

2025 JAN 16 AM 11:34

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 1/16/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1341735

ORDER ENTITY
SREIT ARIVA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SREIT ARIVA, LLC (FL)

File the attached amendment and provide a certificate of status.

NOTES:

\$30.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "M" or "W" with a stylized flourish.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: SREIT Ariva, LLC

Enter new principal office address, if applicable: 3348 Peachtree Road NE, Suite 1000
Atlanta, GA 30326
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 3348 Peachtree Road NE, Suite 1000, Atlanta, GA 30326
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M18000009280

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10.15.2018

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

5. New name of the limited liability company: Centennial Ariva, 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: _____

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

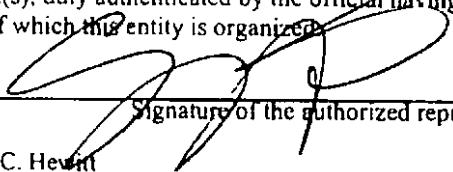
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FILED

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>
Authorize	W. Porter Payne, Jr.	3348 Peachtree Road NE, Suite 1000, Atlanta,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
	Silvey, Jerome	2340 Collins Avenue, Miami Beach, FL 33139	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	AHLS, PAUL	591 W. PUTNAM AVE	<input type="checkbox"/> Add
		GREENWICH, FL 06830	<input checked="" type="checkbox"/> Remove
	SOSS, BRIAN	591 W. PUTNAM AVE	<input type="checkbox"/> Add
		GREENWICH, FL 06830	<input checked="" type="checkbox"/> Remove
	PANZO, ANDRES	591 W. PUTNAM AVE	<input type="checkbox"/> Add
		GREENWICH, FL 06830	<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.



Signature of the authorized representative

Erin C. Hewitt

Typed or printed name of signee

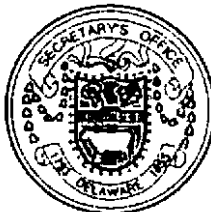
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CENTENNIAL ARIVA,
LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "SREIT
ARIVA, LLC" ON THE THIRTIETH DAY OF JUNE, A.D. 2021, AT 9:56
O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

7093058 8320
SR# 20250143189

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

Authentication: 202703083
Date: 01-15-25