

# M18000011356

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

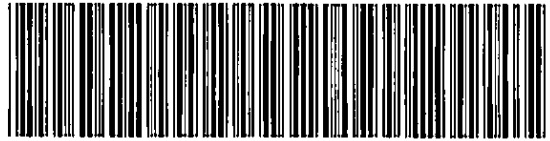
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2022 FEB 17 AM 9:17  
2022 FEB 17 PM 3:45  
JAN 11 2022 JUDGE

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 02/17/2022  
Acc#I20160000072

*en: c SW*

Name:	Lock Up University Drive LLC
Document #:	
Order #:	14166679

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00
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Thank you!

# COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** Lock Up University Drive LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madeline Perry

Name of Person

DLA Piper LLP (US)

Firm/Company

444 W. Lake Street, Suite 900

Address

Chicago, Illinois, 60606

City/State and Zip Code

madeline.perry@us.dlapiper.com

F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeline Perry

Name of Person

at (312) 849-3842

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Lock Up University Drive LLC

Enter new principal office address, if applicable: 444 W. Lake Street, Suite 2100

(Principal office address  
MUST BE A STREET ADDRESS)

Chicago, Illinois 60606

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

444 W. Lake Street, Suite 2100

Chicago, Illinois 60606

2. The Florida document number of this limited liability company is: M18000011356

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/17/2018

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

5. New name of the limited liability company: N/A  
(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

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:

N/A

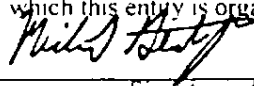
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

HSRE-LUSS II, LLC has replaced Lock Up - Evergreen Equity Development LLC as sole member as indicated below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	HSRE-LUSS II, LLC	444 W. Lake Street, Suite 2100, Chicago Illinois 60606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Member	Lock Up - Evergreen Equity Development LLC	800 Frontage Road, Northfield, Illinois 60093	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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

Michael Gershowitz

Typed or printed name of signee

Filing Fee: \$25.00