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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(((H19000024406 3)))



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Ta:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address:

(\*) L\*.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LANCASTER POLLARD HOLDINGS, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

CR2E055 (9/15)

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: LANCASTER POLLARD HO  Name of Foreign Limited Liabil				
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) are submitted for	τ filing.			
Please return all correspondence concerning this matter to the fe	:llowing:			
Geneva Harrison				
Name of Person				
Capitol Services - Corp. Filings Team				
Firm/Company				
PO Box 1831				
Address				
Austin, TX 78767				
City/State and Zip Code				
regagent@capitolservices.com				
E-mail address: (to be used for future annual report notificati	on)			
	22			
For further information concerning this matter, please call:  Geneva Harrison , 800	345-4647			
	& Daytime Telephone Number			
1232 600	345-4647  & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:  \$\Boxed{\text{S25 Filing Fee}} \Boxed{\text{S30 Filing Fee}} \Boxed{\text{S55 Filing Fee}} \text{Certificate of Status}  \text{Certificate}				

## 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 app	ears on the records of the Florida Department of	
State: LANCASTER POLLARD	HOLDINGS, LLC	
Enter new principal office address, if applicable		
Principal office address		
MUST RE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
( <u>Mailine address</u> MAY BE A POST OFFICE BUX)		
2. The Florida document number of this limited	I liability company is: M18000011499	
<b>~</b> .		
4. Date authorized to do business in Florida: 1	e 2/20/2018	
SECTION II (5-9 complete only the applical		
5. New name of the limited liability company:	ORIX Real Estate Capital Holdings, LLC nust contain "Limited Liability Company," "L.L.C.," or "LLC."	, <u></u>
(1	must contain "Limited Liability Company," "L.E.C.," or "LUC."	
(If name unavailable, enter alternate name adoption of the written consent of the managers or must contain "Limited Liability Company," "l.	pted for the purpose of transacting business in Florida and attach managing members adopting the alternate name. The alternate name. LLC." or "[LLC.")	a i
6. If amending the registered agent and/or regis registered agent and/or the new registered office	stered officer address on our records, enter the name of the new se address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	City , Florida Zip Code	
the provisions of all statutes relative to the pro	agent and agree to act in this capacity. I further agree to comply per and complete performance of my duties, and I am familiar w gistered agent as provided for in Chapter 605, F.S. Or, if this age in the registered office address, I hereby confirm that the lim	ith
<u></u>	If Changing Registered Agent, Signature of New Registered Age	<u>nţ</u>

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
Title/ Capacity	Name	Address T	'vpe of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
			Add Remove,	Z019 J	
				019 JAN 22 AM	, 1 •
aforementioned	er the law of which this entity is Signatur	ed by the official having custody of records in the	Remove	M 9: 38	Ļ

Filing Fee: \$25.00

# Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LANCASTER POLLARD HOLDINGS, LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "ORIX REAL ESTATE CAPITAL HOLDINGS, LLC" ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018, AT 11:03 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2019 AT 12:03 O'CLOCK A.M.

5402978 8320

Authentication: 202068012 Date: 01-11-19

SR# 20190225564

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