MIACOOLES

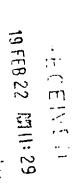
(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Elling Officer			
Special Instructions to Filing Officer:				

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

2/22/2019

D	ate:	2/22/2019	
		Acc#I20160000072	a: DW
Name:	MMAC H	INW FT. MYERS SPE, LLC	
Document #:			
Order #:	1145271	5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Apostille/Notarial Certification:		Country of Destination: Number of Certs:	2019 FEB 27 A 8 03
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	unt: \$ 55.00	

Thank you!

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: MMAC HNW Fort Myers SPE, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M19000001688
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: February 15, 2019
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: MMAC HNW Ft. Myers SPE, 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
aforementioned a	tificate, if required: no more than 90 amendment(s), duly authenticated ber the law of which this entity is ofgr	v the official having custody of records i	Remove	
	Signature of Edward W. Co	the authorized representative		

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "MMAC HNW FT. MYERS SPE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 FEB 22 A 8: 03

7230905 8300 SR# 20191032930



Authentication: 202265132

Date: 02-15-19