### Florida Department of State

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To:

Division of Corporations

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From:

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076364303722 Phone: (888)491-1120 Fax Number: (954)333-4242

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

Email Address: alex@adlglobal.com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AD1 URBAN PALM BAY HOME, LLC

Certificate of Status	1
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Electronic Filing Menu

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Corporate Filing Menu

Help

3/29/19/05

3/26/2019

#### 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)
Name of limited liability Company as it appears of State:  AD1 Urban Palm Bay Home,	on the records of the Florida Department of
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liab	ility company is: M19000001950
3. Jurisdiction of its organization: Delaware  4. Date authorized to do business in Florida: Feb  SECTION II (5-9 complete only the applicable of the limited liability company: AE (must)	hanges) O1 Urban Palm Bay, LLC contain "Limited Liability Company, " "L.L.C.," or "LLC.")  for the purpose of transacting business in Florida and attach a
<ol> <li>If amending the registered agent and/or registered registered agent and/or the new registered office ad-</li> </ol>	d officer address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu Street Address, Florida City Zip Code
the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change of hability company has been notified in writing of the	it and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I um familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
II CI	3

8. If the amendment of	hanges person, title or capacity in ac	cordance with 605,0902 (1)(e), indicate that	change:
Title/ Capacity	Nane	Address	Type of Action
			Remove
		 	^ddd 2213
			Remove
			Remove F
			Add
			Add
			Remove
aforementioned am	icate, it required: no more than 90 c endinent(s), duly authenticated by the law of which this entity is organ	the official having custody of records in the	
	- Which Boyling	ne authorized representative	
	Heidi Boyles, E	- SO	

# <u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ADI URBAN PALM BAY

HOME, LLC", CHANGING ITS NAME FROM "ADI URBAN PALM BAY HOME,

LLC" TO "ADI URBAN PALM BAY, LLC", FILED IN THIS OFFICE ON THE

TWENTY-FIETH DAY OF MARCH, A.D. 2019, AT 3:56 O'CLOCK P.M.

7292451 8100 SR# 20192251842

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

MATTER SERVICE SERVICE OF SERVICE

Authentication: 202514493

Date: 03-25-19

State of Delaware
Secretary of State
Obvious of Corporations
Delbered 03:56 PM 03:25-2019
FILED 03:56 PM 03:25 2019
SR 20192251842 - File Number 7292451

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:		
	the limited liabi	lity company is
ADI Urban Pa	atm Bay, LLC.	
		•
IN OUTPAINER WITE	PEOF the undersigned by	ave executed this Certifica
the 25th	day of March	, A.D. 2013
		1010
	By: 4 414	Authorized Person(s)
	Name: He	eidi Boyles, Esq.
		Print or Type