

M19000002903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

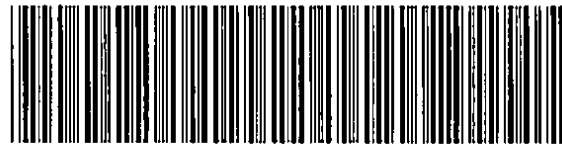
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500326803945

FILED

2019 MAR 29 PM 4:00

FILED

3/29/19 QS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 701409 7100061

AUTHORIZATION : *Lydia Cohen*

COST LIMIT : \$ 25.00

ORDER DATE : March 27, 2019

ORDER TIME : 1:53 PM

ORDER NO. : 701409-005

CUSTOMER NO: 7100061

FILED
2019 MAR 29 PM 4:04
TALLAHASSEE, FL 32301

FOREIGN FILINGS

NAME: HCP DSL PROPCO NAPLES II,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCP DSL PROPCO NAPLES II, 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:

Irene Schulte

Name of Person

Meltzer Purtil & Stelle LLC

Firm/Company

1515 E. Woodfield Road, Ste 250

Address

Schaumburg, IL 60173

City/State and Zip Code

ischulte@mpslaw.com

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

For further information concerning this matter, please call:

Irene Schulte

Name of Person

at (847) 330-6069

Area Code & 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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

2019 Nov 28 P 11:01

FILED

**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: HCP DSL PROPCO NAPLES II, LLC

Enter new principal office address, if applicable: 27599 Riverview Center Blvd

(Principal office address

MUST BE A STREET ADDRESS)

Suite 201

Bonita Springs FL 34134

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: M19000002903

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 25, 2019

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

5. New name of the limited liability company: S-H NAPLES DEVELOPMENT PROPCO, 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

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>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

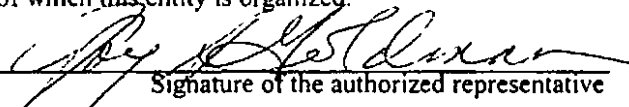
_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

		_____	<input 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

JOY S. GOLDMAN

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HCP DSL PROPCO NAPLES II, LLC", CHANGING ITS NAME FROM "HCP DSL PROPCO NAPLES II, LLC" TO "S-H NAPLES DEVELOPMENT PROPCO, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2019, AT 5:57 O'CLOCK P.M.

2019 MAR 28 PM 10:04

FILED




Jeffrey W. Bullock, Secretary of State

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: HCP DSL PROPCO NAPLES II, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is hereby amended to read as follows: "S-H NAPLES DEVELOPMENT PROPCO, LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 25 day of MARCH, A.D. 2019

By: 

Authorized Person(s)

Name: JOY S. GOLDMAN

Print or Type