



Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 12016000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

2019 MAY 9 10:31 AM

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PIEDMONT/METROLINA FUND #12, LLC**

Certificate of Status	0
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Page Count	04
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2019 MAY 9 10:31 AM

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MAY 9 2019

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Piedmont/Metrolina Fund #12, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

R. Joseph Jackson
Name of Person

Firm/Company

P.O. Box 1072
Address

Mooresville, NC 28115
City/State and Zip Code

joe.jackson@metrolinacapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Joseph Jackson at (704) 662-3001 Ext. 2
Name of Person 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

CR2E055 (9/15)

2019 11-19 11:22 AM

**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: Piedmont/Metrolina Fund #12, 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: M19000003315

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 4-2-19

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

5. New name of the limited liability company: _____
(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.

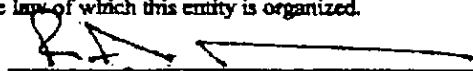
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>FGI Metrolina REIT, LLC</u>	<u>P.O. Box 1072</u>	<input checked="" type="checkbox"/> Add
		<u>Mooreville, NC 28115</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>D. Kyle Ceminara</u>	<u>131 Plantation Ridge Drive, Suite 100</u>	<input checked="" type="checkbox"/> Add
		<u>Mooreville, NC 28115</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Harry M. Tsumas</u>	<u>P.O. Box 951</u>	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Change
		<u>Statesville, NC 28687</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Lewis M. Johnson</u>	<u>9130 Galleria Court, Third Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Naples, FL 34109</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Larry Huneycutt</u>	<u>425 E. Arrowhead Dr.</u>	<input type="checkbox"/> Add
		<u>Charlotte, NC 28213</u>	<input checked="" 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 laws of which this entity is organized.


Signature of the authorized representative

R. Joseph Jackson

Typed or printed name of signee

Filing Fee: \$35.00

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