

To: +1850617-3383

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2021-10-28 11:39:17 EST

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From: Kaity Toon

10/28/21, 12:38 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
SIF WELLS ROAD LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2021 OCT 28 PM 3:11

STATE OF FLORIDA

STATE OF FLORIDA

2021 OCT 28 PM 1:05

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VH

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: SIF WELLS ROAD LLC

Enter new principal office address, if applicable: 2000 Avenue Of The Stars, 12th Floor

(Principal office address

MUST BE A STREET ADDRESS)

Los Angeles, CA 90067

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2000 Avenue Of The Stars, 12th Floor

Los Angeles, CA 90067

2. The Florida document number of this limited liability company is: M19000003900

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: April 17, 2019

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

5. New name of the limited liability company: AIREF Wells Road DC 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

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.

C.T. Corporation System by Kaity Toon, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

-1

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change CONTINUED:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Representative	Louis Bauer	730 Third Avenue	<input type="checkbox"/> Add
		New York, NY 10017	<input checked="" type="checkbox"/> Remove
Authorized Representative	Holly Losey	730 Third Avenue	<input type="checkbox"/> Add
		New York, NY 10017	<input checked="" type="checkbox"/> Remove
Authorized Representative	Steven Kimosh	730 Third Avenue	<input type="checkbox"/> Add
		New York, NY 10017	<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 law of which this entity is organized.



Signature of the authorized representative

Sarah Wadsworth

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SIF WELLS ROAD LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AIREF WELLS ROAD DC LLC", ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021, AT 11:51 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIREF WELLS ROAD DC LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

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2021 OCT 28 PM 1:05
DELAWARE SECRETARY OF STATE



7374372 8321
SR# 20213639947

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204536019
Date: 10-28-21