

9/26/2019

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 : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

SEARAVEN GLAUBEN L.L.C.

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K SALY
SEP 27 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)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Searaven Glauben L.L.C.

Enter new principal office address, if applicable: Bank of America Center
700 Louisiana Street, Suite 3950
Houston TX 77002
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: Bank of America Center
700 Louisiana Street, Suite 3950
Houston, TX 77002
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M19000003977

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 4.18.2019

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: Registered Agents Inc.

New Registered Office Address: 7901 4th St N STE 300

Enter Florida Street Address

St. Petersburg, Florida 33702
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.

Bill Hume

If Changing Registered Agent, Signature of New Registered Agent

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19 SEP 26 PM 4:40
TALLAHASSEE, FLORIDA

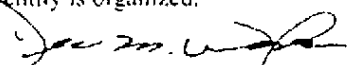
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

See attached

<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

DEAN M. WALLACE
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Action</u>
MGRM,AP,C	Sariban, Sunget B	400 N. Ashley Drive Tampa, FL 33875	Remove
MGRM,AP,D	Samad, Lukman N	400 N. Ashley Drive Tampa, FL 33875	Remove
MGRM,AP,CEO,P	Wallace, Dean M	400 N Ashley Drive Tampa, FL 33875	Remove
MGRM,AP,COO,EVP	Ting, David	400 N Ashley Drive Tampa, FL 33875	Remove
S	Telemacque, Anthony	400 N Ashley Drive Tampa, FL 33875	Add
MGRM	Lowe II, LLC	Bank of America Center 700 Louisiana Street Suite 3950 Houston, TX 7702	Add

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19 SEP 26 PM 4:45
TAMPA FLORIDA