

M19 000005828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

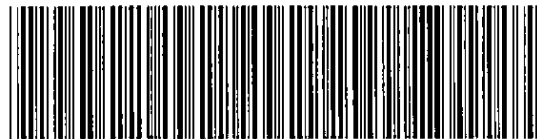
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800390190158

FILED

2022 JUL 29 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JUL 29 AM 11:30

TALLAHASSEE, FL

A. BUTLER
AUG - 1 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 844027 5124005

AUTHORIZATION

COST LIMIT : \$ 30.00

ORDER DATE : July 28, 2022

ORDER TIME : 9:49 AM

ORDER NO. : 844027-005

CUSTOMER NO: 5124005

FOREIGN FILINGS

NAME: CIP18 FLAGLER VILLAGE 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: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIP18 FLAGLER VILLAGE 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:

Cheryl A Martin

Name of Person

AIR Communities

Firm/Company

4582 S Ulster St, Suite 1700

Address

Denver, CO 80237

City/State and Zip Code

cheryl.martin@aircommunities.com

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

For further information concerning this matter, please call:

Lucinda Ehrhard

Name of Person

at (505) 467-8583

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

FILED
2022 JUL 29 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FL

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: CIP18 FLAGLER VILLAGE LLC

Enter new principal office address, if applicable: c/o AIR Communities

(Principal office address

MUST BE A STREET ADDRESS)

4582 S Ulster St, Suite 1700

Denver, CO 80237

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

c/o AIR Communities

4582 S Ulster St, Suite 1700

Denver, CO 80237

2. The Florida document number of this limited liability company is: M19000005828

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/14/2019

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

City

Florida 32301

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.

Eylima Baker

Assistant Vice President

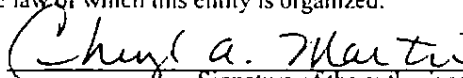
If Changing Registered Agent, Signature of New Registered Agent

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>
Member	555 NE 8th St, LLC	4582 S Ulster St, Suite 1700	<input checked="" type="checkbox"/> Add
		Denver, CO 80237	<input type="checkbox"/> Remove
Member	MCRT Flagler Village LLC	5910 N Central Expressway, Suite 1100	<input type="checkbox"/> Add
		Dallas, TX 75206	<input checked="" type="checkbox"/> Remove
Auth Rep	Cheryl A. Martin	4582 S Ulster St, Suite 1700	<input checked="" type="checkbox"/> Add
		Denver, CO 80237	<input type="checkbox"/> Remove
Auth Rep	Lisa R Cohn	4582 S Ulster St, Suite 1700	<input checked="" type="checkbox"/> Add
		Denver, CO 80237	<input type="checkbox"/> Remove
Auth Rep	Paul Beldin	4582 S Ulster St, Suite 1700	<input checked="" type="checkbox"/> Add
<u>ADD</u>			
Auth Rep	Tony Organ same Denver Address		
Auth Rep	Martin Sprang same Denver Address	Denver, CO 80237	<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

Cheryl A Martin

Typed or printed name of signee

Filing Fee: \$25.00