

5/4/2021

Division of Corporations

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

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2021 MAY -5 AM 11:49
SECRETARY OF STATE
TAMM ACHASSE, FLORIDA

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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
BOF FL MUSEUM TOWER LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

MAY -6 2021
M. SOLOMON

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2021 MAY -5 AM 8:15

SECRETARY OF STATE
TAMM ACHASSE, FLORIDA

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: BOF FL. Museum Tower 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: M119000007847

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 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: _____

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

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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>
AP	John Ward	5 Concourse Parkway, Suite 500	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30328	<input type="checkbox"/> Remove
AP	Jonathan Slager	111 E. Segoe Lily Drive, Suite 400	<input checked="" type="checkbox"/> Add
		Sandy, UT 84070	<input type="checkbox"/> Remove
AP	Diana Urbina	5 Concourse Parkway, Suite 500	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30328	<input type="checkbox"/> Remove
AP	Keith Everett	5 Concourse Parkway, Suite 500	<input type="checkbox"/> Add
		Atlanta, GA 30328	<input type="checkbox"/> Remove
AP	Kelly Kuykendall	5 Concourse Parkway, Suite 500	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30328	<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.

Jonathan P. Slager
Signature of the authorized representative

Jonathan P. Slager
Typed or printed name of signee

Filing Fee: \$25.00

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