## m900010983

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T. LERRIEUX

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

ACCOUNT NO. : I2000000195 REFERENCE : 074932 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: December 4, 2019 ORDER TIME: 3:09 PM ORDER NO. : 074932-005 CUSTOMER NO: 5168766 FOREIGN FILINGS NAME: HARMONY SHELF 55 LLC CORPORATE \_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

## 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)

Name of limited liability Company as it appears     State: Harmony Shelf 55 LLC	on the records of the Florida Department of
Enter new principal office address, if applicable:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liab	ility company is: M19000010983 💆
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."  6. If amending the registered agent and/or registered registered agent and/or the new registered office additional Name of New Registered Agent:	contain "Limited Liability Company, " "L.L.C.," or "LLC.")  For the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name or "LLC.")  cofficer address on our records, enter the name of the new
New Registered Office Address:	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the proper at and accept the obligations of my position as register	and agree to act in this capacity. I further agree to comply with nd complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this the registered office address. I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

B. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Actio	
			Add	
			Remov	
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			Remov	
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			Remove	
			Add	
aforementioned	der the law of which this entity is organi	he official having custody of records in the ized.	Remov	
	J Bruce Bolin Signature of the	A ne authorized representative		

Filing Fee: \$25.00

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HARMONY SHELF 55

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"SABAL CHASE HH LLC" ON THE THIRD DAY OF DECEMBER, A.D. 2019, AT

11:41 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SABAL CHASE HH LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2018.



Authentication: 204133568 Date: 12-04-19

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