

4/30/2020

M2000000381

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000127637 3)))



H200001276373ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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)288-0845

****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

AVALON MERRICK PARK MEMBER, LLC

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

RECEIVED

2020 MAY -1 AM 9:23

2020 MAY -1 PM 4:27

Electronic Filing Menu

Corporate Filing Menu

Help

01:27:33
C. H. H. H. H.

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: Avalon Merrick Park Member, LLC

Enter new principal office address, if applicable: 4040 Wilson Blvd.

(Principal office address)
MUST BE A STREET ADDRESS

Suite 1000

Arlington, VA 22203

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

4040 Wilson Blvd.

Suite 1000

Arlington, VA 22203

2. The Florida document number of this limited liability company is: M20000000381

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/09/2020

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

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Joanne M. Lockridge	1499 Post Road, 2nd Floor	<input checked="" type="checkbox"/> Add
		Fairfield, CT 06824	<input type="checkbox"/> Remove
Officer	Jonathan R. Busch-Vogel	1633 Broadway, Suite 22B	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
Officer	Scott R. Kinter	600 Atlantic Avenue, 20th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02210	<input type="checkbox"/> Remove
Officer	William M. McLaughlin	600 Atlantic Avenue, 20th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02210	<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
Joanne M. Lockridge - SVP, Finance of AvalonBay
Communities, Inc., Sole Member

Typed or printed name of signee

Filing Fee: \$25.00