10/26/22, 11.17 AM

To:

Division of Corporations



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	To:
	Division of Corporations
	Fax Number : (850)617-6383
	From:
	Account Name : C T CORPORATION SYSTEM
.)	Account Number : FCA000000023
$\overline{\sim}$	Phone : (954)208-0845
··-	Fax Number : (614)573-3996
<u>.</u> =	
4-	**Enter the email address for this business entity to be used for future
Q 7	annual report mailings. Enter only one email address please.**
0C3	Email Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SREIT FALCON TRACE, L.L.C.

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2022 OCT 26 AM 7: 35

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OCT 27 2022

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: SREIT FALCON TRACE, L.L.C.		—
Enter new principal office address, if applicable:		
(Principal office address MUST RE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2027 OCT 2
2. The Florida document number of this limited liability company is: M20000000671		. 26
Jurisdiction of its organization: DE		AM 7
4. Date authorized to do business in Florida: 01/16/2020		 ယ မာ
SECTION II (5-9 complete only the applicable changes)	-	
5. New name of the limited liability company:	C.," or "LL	C ")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flor copy of the written consent of the managers or managing members adopting the alternate name. I must contain "Limited Liability Company," "L.L.C." or "L.C.")	ida and atta The alternate	eh a e name
6. If amending the registered agent and/or registered officer address on our records, enter the nan registered agent and/or the new registered office address here:	<u>ne of the nev</u>	<u>N</u>
Name of New Registered Agent:		_
New Registered Office Address: Emer Florida Street Addres		
, 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 as the provisions of all statutes relative to the proper and complete performance of my daties, and I and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address. I hereby confidentity company has been notified in writing of this change.	am familiar S. Or, if this	r ic <i>ith</i>

From: Lexus Wingo

Page: 4 of 4

Title/Capacity Name Address Tyrehorized Person James Kane 591 West Putnam Avenue Greenwich, CT 06830 Chorized Person Paul Ahls 591 West Putnam Avenue Greenwich, CT 06830 Chronized Person Andres Panza 591 West Putnam Avenue Greenwich, CT 06830	_ ⊡Add
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1011260 1 613011	_ ∐Ren
Greenwich, CT 06830	_ 🗷 Ado
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	_ UAdo
	_ □Ren
	_ □Add
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.	_ □Ren
Signature of the authorized representative Nick Antonopoulos, as authorized signatory	

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