

M20000001253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

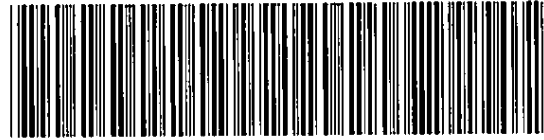
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500404172505

FILED

2023 MAR 21 AM 9:18

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2023 MAR 21 AM 11:33

AD. ALABAMA

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

ACCOUNT NO. : I20000000195

REFERENCE : 597984 8409122

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : March 20, 2023

ORDER TIME : 9:28 AM

ORDER NO. : 597984-075

CUSTOMER NO: 8409122

FOREIGN FILINGS

NAME: PREFERRED APARTMENT ADVISORS,
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: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2023

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: PREFERRED APARTMENT ADVISORS, LLC
Ref. Number: M20000001253

We have received your document for PREFERRED APARTMENT ADVISORS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a typo in the Principal office address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 723A00006300

RECEIVED
2023 MAR 22 PM 2:51
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, 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: Preferred Apartment Advisors, LLC

Enter new principal office address, if applicable: 3284 Northside Parkway

(Principal office address

MUST BE A STREET ADDRESS)

Suite 300

Atlanta, GA 30327

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3284 Northside Parkway

Suite 300

Atlanta, GA 30327

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CLERK OF STATE
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M20000001253

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/29/2020

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

Anna Stokes

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FL