

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

Frum:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP +

Account Number: 076376001555

Phone : (803)255-9617

Fax Number : (561)463-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: angela@sbv.com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRG SBV II LLC

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Corporate Filing Menu

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Fax Audit No. H20000069804 3

## 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: TRG SBV II 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: M20000001610	
3. Jurisdiction of its organization: DELAWARE	S
4. Date authorized to do business in Florida: FEBRUARY 10, 2020  SECTION II (5-9 complete only the applicable changes)	בינה בינה
SECTION II (5-9 complete only the applicable changes)	ב כ
5. New name of the limited liability company: TRG - CORE 1, LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")	>
(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	
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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3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remo	
		- <del></del>	□Remo	
		-	OAdd	
			□Remov	
<del></del>			□Add	
			□Remov	
			□Add	
aforementioned amo	cate, if required: no more than 90 endment(s), duly authenticated by the law of which this entity is organ at the Signature of	the official having custody of records in the nized.	CiRemov	

Filing Fec: \$25.00

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRG - CORE 1, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRG - CORE 1, LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7840686 8300 SR# 20201689173

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202481067

Date: 02-28-20