To: 18506176383

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(((H210000554523)))



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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)208-0845

\*\*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 SOUTHERN MARINAS HIDDEN HARBOUR LLC

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## 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 Comp  State: Southern Marinas Hidden		is on the records of			
Enter new principal office address		2 North Dispersion Place			
(Principal office address	, ii upproductor	Suite 800			
MUST BE A STREET ADDRES.	<u>S</u> )	Chicago, Illinois 60606			
Enter new mailing address, if appl	icable:	2 North Riverside Plaza			
(Mailing address MAY BE A POST OFFICE BOX		Suite 800			
		Chicago, Illinois 60606			
<ol> <li>The Florida document number of</li> <li>Jurisdiction of its organization</li> <li>Date authorized to do business</li> <li>SECTION II (5-9 complete only</li> <li>New name of the limited liabil</li> </ol>	in Florida: 02/2 the applicable	28/2020 : <b>changes)</b> MHC Hidden Harbo			
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability C	managers or ma	anaging members a	of transacting business in Florida and attach a adopting the alternate name. The alternate name		
6. If amending the registered ager registered agent and/or the new re	nt and/or register	red officer address address here:	s on our records, enter the name of the new		
Name of New Registered Agent:	C T Corporation System				
	1200 South Pin	re Island Road			
New Registered Office Address:					
New Registered Office Address:		untation	Emer Florida Street Address , Florida 33324  Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

JamesHTanks III ASSISTANT SECRETARY

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 7

•	Type of Action
<del></del>	11100110000
ELC 010 Blostoway, our Floor	□Add
New York, NY 10012	≅Remo
2 North Riverside Plaza, Suite 800	<b>_</b> Add
Chicago, Illinois 60606	□Remo
	□Add
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00 days old, evidencing the	the
	2 North Riverside Plaza, Suite 800

Filing Fee: \$25.00

## Delaware The First State

Page 1

From: James Tanks III

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF 'SOUTHERN MARINAS

HIDDEN HARBOUR LLC', CHANGING ITS NAME FROM "SOUTHERN MARINAS

HIDDEN HARBOUR LLC" TO "MHC HIDDEN HARBOUR, L.L.C.", FILED IN

THIS OFFICE ON THE FIFTH DAY OF FEBRUARY, A.D. 2021, AT 7:52

O'CLOCK P.M.



Authentication: 202461933

Date: 02-08-21

To: 18506176383