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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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D CUSHING

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 785205 7490443

AUTHORIZATION

COST LIMIT : \$ 25.00 had

ORDER DATE : July 1, 2022

ORDER TIME : 8:24 AM

ORDER NO. : 785205-015

CUSTOMER NO: 7490443

FOREIGN FILINGS

NAME: DIGITAL COLONY II GP, LLC

____ CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

TO:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Digital Colony II GP, LLC	
Name of Forei	gn Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Director-Legal	
Name of Person	
DigitalBridge Group, Inc.	
Firm/Company	
590 Madison Avenue, 34th Floor	
Address	
New York, New York 10022	
City/State and Zip Cod	le
E-mail address: (to be used for future annua	Il report notification)
For further information concerning this matter	, please call:
Carol A. Mayers	212 547-2600 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	t amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certified Copy Certified Copy



July 6, 2022

CORPORATION SERVICE COMPANY

SUBJECT: DIGITAL COLONY II GP, LLC

Ref. Number: M20000004890

We have received your document for DIGITAL COLONY II GP, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The signature is illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00015089

Claretha Golden Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of			
State: Digital Colony II GP, LLC				
Enter new principal office address, if applicable:	750 Park of Commerce Drive, Suite 210			
(Principal office address	Boca Raton, Florida 33487			
MUST BE A STREET ADDRESS)		2022 JUL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	750 Park of Commerce Drive, Suite 210	<u> </u>		
	Boca Raton, Florida 33487			
2. The Florida document number of this limited lia	ability company is: M2000004890	7		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent:	changes) DigitalBridge II GP, LLC St contain "Limited Liability Company, " "L.L. Indeed for the purpose of transacting business in Floatinging members adopting the alternate name. C." or "LLC.") Therefore address on our records, enter the name.	orida and attach a The alternate name		
New Registered Office Address:	Enter Florida Street Address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of t	ent and agree to act in this capacity. I further a r and complete performance of my duties, and stered agent as provided for in Chapter 605, F. e in the registered office address, I hereby com- his change.	Tam jamular wun S. Or, if this firm that the limited		
ILC	Thanging Registered Agent, Signature of New	Registered Agent		

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Actio	
			□Add	
			□Remo	
			DAdd	
			□Remo	
			□Add	
			□Remo	
			_ □Add	
			□Remov	
			_ □Add	
	A STATE	the official having custody of records in the nized.	_ □Remove	
	Signature of Geoffrey Goldschein	the authorized representative		

Filing Fee: \$25.00

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DIGITAL COLONY II GP,

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"DIGITALBRIDGE II GP, LLC" ON THE SEVENTH DAY OF FEBRUARY, A.D.

2022, AT 12:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203824729

Date: 07-01-22

7982002 8320 SR# 20222893455