M200005957

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
J. HORNE		
00	CT 19 2022	

Office Use Only



200394053012

TALLAHASSEE, FLO

RECEIVED

2022 OCT 18 PM 3: 30



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

and the second

	ACCOUNT NO.	: I200000	000195	
	REFERENCE	: 059554	7381795	
	AUTHORIZATION	Spell of	eran	
	COST LIMIT	: 0525.00)	
ORDER DATE :	October 18, 2022			
ORDER TIME :	2:10 PM			
ORDER NO. :	059554-080			
CUSTOMER NO:	7381795			
	FOREIGN F	'ILINGS	· • • • • • • • • • • • • • • • • • • •	
NAME:	SAND LAKE 2 A	CQUISITION	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:

COVER LETTER

TO: Registration Section Division of Corporations Sand Lake 2 Acquisition LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sally Liu Name of Person Berkshire Residential Investments Firm/Company One Beacon Street, 24th Floor Address Boston, MA 02108 City/State and Zip Code SLiu@berkshireresi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sally Liu Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$30 Filing Fee & ☐ \$55 Filing Fee & □ \$60 Filing Fee. □\$25 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy

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)		13.50 13.00 13.00	
Name of limited liability Company as it appear State: Sand Lake 2 Acquisition LLC	s on the records of the Florida	a Department of	NELVE V	20 TT 18
Enter new principal office address, if applicable:	C/O Berkshire Residential	Investments		EH 10.
(Principal office address	One Beacon Street, 24th F	Floor		59
MUST BE A STREET ADDRESS)	Boston, MA 02108			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limited lia	ability company is: M200000	105957		
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 06/2	4/2020			
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: (mus	t contain "Limited Liability C	Sompany, ""L.L.C.	" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the			
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		rds. enter the name	of the new	
Name of New Registered Agent: Corporation Se	ervice Company			
New Registered Office Address: 1201 Hays Str				
T-1		ida Street Address	204	
Tail	lahassee <i>Cit</i> v	Florida 32	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this cap and complete performance of ered agent as provided for in in the registered office addre- is change.	f my duties, and La. Chapter 605, F.S. ss. Thereby confirm	m familiar wi Or, if this in that the limi	ith ited

Title/ Capacity	<u>Name</u>	Address	Type of Actio
ithorized Person	Melinda Brothers	One Beacon Street, 24th Floor	≣ Add
		Boston, MA 02108	□Remo
uthorized Person	Mary Beth Bloom	One Beacon Street, 24th Floor	■Add
		Boston, MA 02108	□Remo
horized Signatory David Veneziano	David Veneziano	15771 Redhill Avenue, Suite 110	□Add
		Tustin, CA 92780	≣Remo
		_	□Add
			□Remo
			□Add
aforemention	certificate, if required: no more to ned amendment(s), duly authentica ander the law of which this entity: MUN	ated by the official having custody of records in th	□Remo

Filing Fee: \$25.00