

M20 000008897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

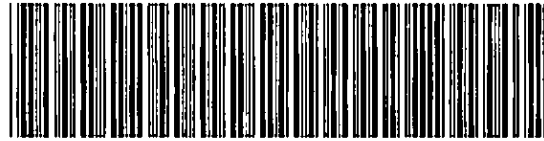
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/27/20--01030--004 \*\*25.00

2020-10-27 11:12:43

*Amend*

DEC 01 2020  
ALBRITTON

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bell Fund VII at Broken Sound, LLC  
\_\_\_\_\_  
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:

Anna Edelen  
\_\_\_\_\_  
Name of Person

Schell Bray PLLC  
\_\_\_\_\_  
Firm/Company

230 North Elm Street, Suite 1500  
\_\_\_\_\_  
Address

Greensboro, NC 27401  
\_\_\_\_\_  
City/State and Zip Code

aedelen@schellbray.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Edelen at ( 336 ) 370-8841  
\_\_\_\_\_  
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 amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, 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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Bell Fund VII at Broken Sound, LLC

Enter new principal office address, if applicable: 300 North Greene Street, Suite 1000

(Principal office address  
MUST BE A STREET ADDRESS) Greensboro, NC 27401

Enter new mailing address, if applicable: 300 North Greene Street, Suite 1000

(Mailing address  
MAY BE A POST OFFICE BOX) Greensboro, NC 27401

2. The Florida document number of this limited liability company is: M20000008897

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/29/2020

**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:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Bell Partners, Inc. and add John E. Tomlinson as Authorized Person instead; address remains the same.

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Jonathan D. Bell	300 North Greene Street, Suite 1000	<input checked="" type="checkbox"/> Add
		Greensboro, NC 27401	<input type="checkbox"/> Remove
Authorized Person	E. Durant Bell	300 North Greene Street, Suite 1000	<input checked="" type="checkbox"/> Add
		Greensboro, NC 27401	<input type="checkbox"/> Remove
Authorized Person	Cynthia M. Clare	300 North Greene Street, Suite 1000	<input checked="" type="checkbox"/> Add
		Greensboro, NC 27401	<input type="checkbox"/> Remove
Authorized Person	Joseph Cannon	300 North Greene Street, Suite 1000	<input checked="" type="checkbox"/> Add
		Greensboro, NC 27401	<input type="checkbox"/> Remove
Authorized Person	Nickolay Bochilo	300 North Greene Street, Suite 1000	<input checked="" type="checkbox"/> Add
		Greensboro, NC 27401	<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.

*John E. Tomlinson*

Signature of the authorized representative

John E. Tomlinson

Typed or printed name of signee

Filing Fee: \$25.00