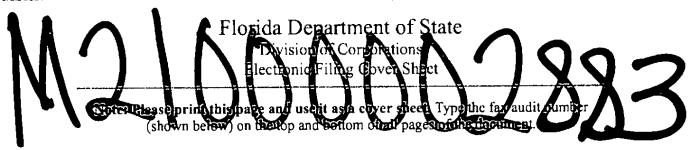
3/22/2021

Division of Corporations



(((H21000115072 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*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 **BRITTON (TAMPA PALMS) TRS LLC**

الأرار المستحد المتناف	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

MAR 28 2021

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Corporate Filing Menu

Help

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

SECTION	l 1 (1-4 must be compl	eted)	
Name of limited liability Company as it appear     State: Britton (Tampa Palms) TRS LLC			
Enter new principal office address, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lic	ability company is:		
Jurisdiction of its organization: Delaware     Date authorized to do business in Florida: Mar			
4. Date authorized to do business in Florida: Mar	ch 12, 2021		 
SECTION II (5-9 complete only the applicable			-: '
5. New name of the limited liability company: (mus	st contain "Limited Lia	bility Company, ""L.	L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopt	nsacting business in F ling the alternate name	lorida and attach a e. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on o ddress here:	ur records, enter the n	name of the new
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Ent	er Florida Street Add	ress
_	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	ent and agree to act in t r and complete perform tered agent as provided	iance of my duties, and A for in Chapter 605, .	d Lam familiar with F.S. Or, if this

liability company has been notified in writing of this change.

To: 18506176383

itle/ Capacity  Aember	Name Britton (Tampa Palms) REIT, Inc.	Address	Type of Action
Aember	Britton (Tampa Palms) REIT, Inc.		
		2711 N. Haskell Avenue, Suite 1700	🗆 ∧dd
		Dallas, TX 75204	■Remove
dember	Britton (Tampa Palms) LLC	2711 N. Haskell Avenue, Suite 1700	⊠Add
		Dallas, TX 75204	□Remove
			□∧dd
			□Remove =
			Remove 1
			□ Add
			□Add
aforemention		y the official having custody of records in th	□Remove
jurisaiction ur	nder the law of which this entity is orga /s/Gina Campos	anized.	
	Signature of the authorized representative		