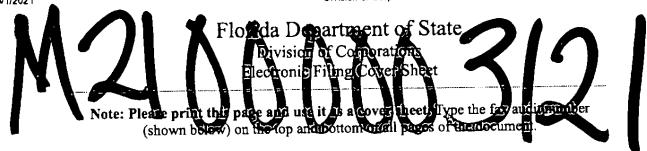
5/1/2021

Division of Corporations



(((H210001760343)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144

: (305)520-2344

: (305)520-2400

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Fmail	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COUNTYLINE BUILDING 28 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAY - 4 2021

M. SOLOMON

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Corporate Filing Menu

Help

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	Countyline Building 28 LLC					
SUBJECT	Name of Foreign	n Limited Liabil	ity Com	pany		
Dear Sir or N	Madam:					
The enclosed	d application, certificate and fee(s)	are submitted fo	or filing.			
Please return	n all correspondence concerning thi	is matter to the f	ollowing	g:		
Jessica Perez						
	Name of Person					.00
					海田 香田木	3
	Firm/Company				RYO	د
700 NW 1st /	Avenue, Suite 1620		-		1013. 183.	2
	Address				RIOX ATC	Ę
Miami, FL 3			_			
	City/State and Zip Cod	le				
jessica.perez			Tion\			
E-mail a	ddress: (to be used for future annua	ii report nounca	tion)			
For further	information concerning this matter	, please call:				
Jessica Perez	<i>.</i> .	at (520-23			
	Name of Person	Area Code	& Dayt	ime Telephone Number		
Re Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Division The Control 2415 N	ation Section on of Corporations entre of Tallahassec E. Monroe Street, Suite assee, FL 32303	810	
En □\$25 Fili CR2E055 (9/	Certificate of Status	☐ \$55 Filing		□ \$60 Filing Fee, Certificate of Sta 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)

Name of limited liability Company as it appears on the records of the Florida Department of State: Countyline Building 28 LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	79 22 (c)	28%
MAY BE A POST OFFICE BOX)		2021 MAY
M21000003121	一 芸芸	AY -3
2. The Florida document number of this limited liability company is:	ASSEC.	
3. Jurisdiction of its organization: Delaware	F S.IX	PH 12: 40
4. Date authorized to do business in Florida: 3/18/2021	<u>5</u> 7	0
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company:		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	a and attach a e alternate na	a ame
6. If amending the registered agent and/or registered officer address on our records, enter the name 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	Lip 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 the provisions of all statutes relative to the proper and complete performance of my duties, and I a and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered office address. I hereby confirmability company has been notified in writing of this change.	Or. if this	

/e	
ve	
2821 NAY -3 PH 12: 40 %	1
ove	

3. If the amend	3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:				
Title/ Capacity	<u>Name</u>	Address T	ype of Action		
VP, A\$	Margarita M. Martinez	700 NW 1st Avenue, Suite 1620	□Add		
		Miami, FL 33136	=Remove		
VP	James A. Hoener	700 NW 1st Avenue, Suite 1620	\equiv Add		
		Miami, FL 33136	Remove		
			☐ CRemove		
			Y OMSTA SEE 即LOR		
			© File & Commonweal C		
			DAdd		
			Rcmov		
aforementi	s a certificate, if required: no more ioned amendment(s), duly authent in under the law of which this entit	icated by the official having custody of records in an	;		
	ASPCAL-Sign	nature of the authorized representative			

Filing Fee: \$25.00