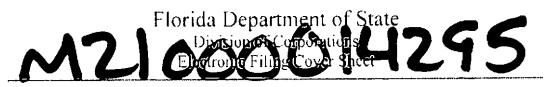
From: Kaity Toon

10/26/22, 10:45 AM

Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SREIT SAVANNAH BAY, L.L.C.

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DCT 2 7 2022

## From: Kaity Toon

## 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)

| 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: SREIT Savannah Bay, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 1. Name of limited liability Company as it appears on the records of the Florida Department of  State: SREIT Savannah Bay, L.L.C.  Enter new principal office address, if applicable:  (Principal office address  MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                     |  |
| Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 2. The Florida document number of this limited liability company is: M21000014295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 3. Jurisdiction of its organization: DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 4. Date authorized to do business in Florida: 10/27/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 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 "L.L.C.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (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

From: Kaity Toon

|                     | <u>Name</u>                                                                                                                   | Address                                      | Type of Action            |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------|
| rthorized Person    | James Kane                                                                                                                    | 591 West Putnam Avenue                       | ⊠Add                      |
|                     |                                                                                                                               | Greenwich, CT 06830                          | □Remove                   |
| Authorized Person F | Paul Ahls                                                                                                                     | 591 West Putnam Avenue                       | ■Add                      |
|                     |                                                                                                                               | Greenwich, CT 06830                          | □Remove                   |
| Authorized Person   | Andres Panza                                                                                                                  | 591 West Putnam Avenue                       | ■Add                      |
|                     |                                                                                                                               | Greenwich, CT 06830                          | Remove                    |
|                     |                                                                                                                               |                                              | □Add                      |
|                     |                                                                                                                               |                                              | □Remove                   |
|                     |                                                                                                                               |                                              |                           |
| aforemention        | a certificate, if required: no more the<br>ned amendment(s), duly authentica<br>under the law of which th <u>is</u> entity is | and by the official having custody of record | Remove  TALLAHASS  in the |
| jurisdiction (      | 1/1                                                                                                                           | ure of the authorized representative         | OCT 26 PM 4: 23           |