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05/24/2024

Da	ate: 05/24/2024	- w: DW
	Acc#I20160000072	4: () = V
Name:	SREIT Chelsea Commons, L.L.C	
Document #:		
Order #:	15582848	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00	

Thank you!

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	he records of the Florida Departm	ient of
State: SREIT CHELSEA COMMONS, 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)		
	<u> </u>	,
2. The Florida document number of this limited liability	company is: <u>M21000015203</u>	· · · · · · · · · · · · · · · · · · ·
3. Jurisdiction of its organization: Delaware		• •,
4. Date authorized to do business in Florida: 11/12/202	l	
SECTION II (5-9 complete only the applicable chang	ges)	03
New name of the limited liability company: (must cont	ain "Limited Liability Company,	""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or	members adopting the alternate	in Florida and attach a name. The alternate nam
6. If amending the registered agent and/or registered off registered agent and/or the new registered office address	icer address on our records, enter there:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street	Address
		orida
	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.

Title/ Capacity	<u>Name</u>	Address	Type of Action
AMBR	Paul Ahls	591 W. Putnam Ave	· S Add
		Greenwich, CT 06830	□Remove
AMBR	Hays Meyer	591 W. Putnam Ave	⊠ Add
		Greenwich, CT 06830	Remove
AMBR	Andres Panza	591 W. Putnam Ave	% Add
		Greenwich, CT 06830	Remove
			□Add
			□Remove
 			_Add
			□Remove
	by the official having custody o	an 90 days old, evidencing the aforeme of records in the jurisdiction under the ture of the authorized representative	
	Nick Antonopoulos		
	Typed	or printed name of signee Filing Fee: \$25.00	

itle/ Capacity	<u>Name</u>	Address Type	e of Actio
horized Signatory	Kellie Jackson	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remo
norized Signatory	Lorie O'Dell	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remo
orized Signatory	Rachelle Hundley	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remo
orized Signatory	Nelda Jones	1580 Sawgrass Corporate Pkwy, Ste 403	Add
		Sunrise, FL 33323	_ □Ren
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	Signature of the auth	0 days old, evidencing the aforementioned amend cords in the jurisdiction under the law of which	ment(s),
thenticated by the	Signature of the auth	0 days old, evidencing the aforementioned amend cords in the jurisdiction under the law of which	ment(s),