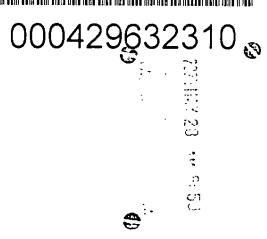
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Secondo Linus, Maine)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only





CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

05/24/2024

Da	ıte:	05/24/2024	- w: DW
	·	Acc#I20160000072	- 4:() - W
Name:	SREIT Pas	co Woods, L.L.C.	
Document #:			
Order #:	15582848 -	141	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier	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)

69

1. Name of limited liability Company as it appea	rs on the records of the Florida D	Department of
State: SREIT PASCO WOODS, L.L.C.		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited li	ability company is: M21000015	590
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 10/	26/2022	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mu	st contain "Limited Liability Cor	mpany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting the al	ousiness in Florida and attach a Iternate name. The alternate name
6. If amending the registered agent and/or registe registered agent and/or the new registered office a	red officer address on our record address here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a 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.

Title/ Capacity	<u>Name</u>	Address	Type of Action
MBR	Paul Ahls	591 W. Putnam Ave	& Add
		Greenwich, CT 06830	□Remove
AMBR	Hays Meyer	591 W. Putnam Ave	⊠Add
		Greenwich, CT 06830	□Remove
MBR	Andres Panza	591 W. Putnam Ave	⊠Add
		Greenwich. CT 06830	□Remove
<u></u>			□Add
<u> </u>			□Remove
			Add
			□Remove
	by the official having custody of μ	90 days old, evidencing the aforementing the aforementing the factorial in the jurisdiction under the latest of the authorized representative	

Filing Fee: \$25.00

Title/ Capacity	Name	Address Type	of Action
Authorized Signatory	Kellie Jackson	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remove
uthorized Signatory	Lorie O'Dell	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remove
thorized Signatory	Rachelle Hundley	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	□Remov
thorized Signatory	Nelda Jones	1580 Sawgrass Corporate Pkwy, Ste 403	Add
		Sunrise, FL 33323	_ 🗆 Remo
			_ □Add
			_ □Remov
Attached is a certific authenticated by the organized.	e official having custody of r	90 days old, evidencing the aforementioned amend ecords in the jurisdiction under the law of which thorized representative	ment(s), du

Filing Fee: \$25.00