

N210000016911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

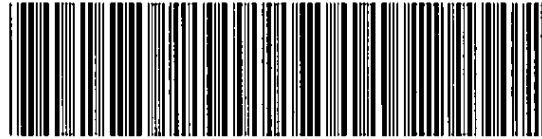
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 FEB 16 PM 12:27

CALLAHAN, SEAN

FILED

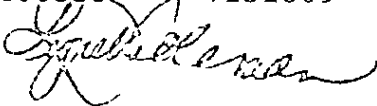
2022 FEB 16 AM 8:11

CLERK OF COURT
STATE OF FLORIDA

Y SULKER

FEB 17 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 488533 7131809
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 15, 2022

ORDER TIME : 8:14 AM

ORDER NO. : 488533-025

CUSTOMER NO: 7131809

FOREIGN FILINGS

NAME: MHC REIT I OWNER I LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MHC REIT I OWNER LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Hildebrand

Name of Person

MHC 176 (FL-MA) LLC

Firm/Company

c/o Merit Hill Capital LP, 41 Flatbush Avenue, Suite 3C

Address

Brooklyn NY 11217

City/State and Zip Code

accounting@merithillcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Hildebrand

at (929) 283-6785

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| ☐ \$25 Filing Fee | ☐ \$30 Filing Fee &
Certificate of Status | ☐ \$55 Filing Fee &
Certified Copy | ☐ \$60 Filing Fee,
Certificate of Status &
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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MHC REIT I OWNER LLC

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: M210000016911

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 13, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MHC 176 (FL-MA) LLC

(must contain "Limited Liability Company," "LLC," or "LLC.")

(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," "LLC," 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.

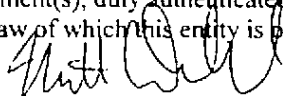
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
A P	Elizabeth Raun Schlesinger	c/o Merit Hill Capital LP, 41 Flatbush Ave.	☒ Add
_____	_____	Suite 3C, Brooklyn NY 11217	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Matthew Dabrowski

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

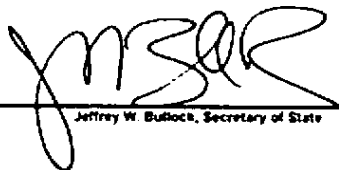
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MHC REIT I OWNER LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MHC 176 (FL-MA) LLC" ON THE THIRD DAY OF FEBRUARY, A.D. 2022, AT 5:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

6440036 8320
SR# 20220528033

Authentication: 202670337
Date: 02-15-22

You may verify this certificate online at corp.delaware.gov/authver.shtml