

M220000002948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

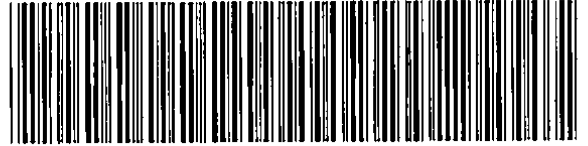
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100400519211

Amend

2023 JAN 26 AM 8:37

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 26 AM 9:37

RECEIVED

A. RAMSEY

JAN 27 2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/26/2023

Name: Greg Pintacuda

Reference #: 1888946

Entity Name: SP LEGEND POINT 2, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$25

Signature: [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SP Legeng Point 2, 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:

Joan Emminger

Name of Person

Firm/Company

8801 River Crossing Blvd Suite 300

Address

Indianapolis, Indiana 46240

City/State and Zip Code

joane@scannellproperties.com

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

For further information concerning this matter, please call:

Joan Emminger

at (317) 218-1675

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: SP Legend Point 2, 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: M22000002948

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 02/24/2022

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 "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," "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

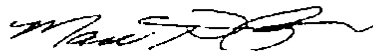
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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

Marc Pfleging

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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF CONVERSION OF AN INDIANA LIMITED
LIABILITY COMPANY UNDER THE NAME OF "SP LEGEND POINT 2, LLC" TO A
DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE
NINETEENTH DAY OF JANUARY, A.D. 2023, AT 12:45 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7245681 8100F
SR# 20230191001

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

Authentication: 202531261
Date: 01-19-23

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Indiana.
- 2.) The jurisdiction immediately prior to filing this Certificate is Indiana.
- 3.) The date the Non-Delaware Limited Liability Company first formed is February 17, 2022.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is SP Legend Point 2, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is SP Legend Point 2, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
18 day of January, A.D. 2023.

By: 
Authorized Person

Name: Marc Pfleging
Print or Type