

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOWN VINELAND OWNER LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

MAY 31 2022

501 0000000000

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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: Town Vineland Owner LLC

Enter new principal office address, if applicable: 3953 Maple Avenue, Suite 300

(Principal office address

MUST BE A STREET ADDRESS)

Dallas, Texas 75219

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3953 Maple Avenue, Suite 300

Dallas, Texas 75219

2. The Florida document number of this limited liability company is: M22000005183

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 5, 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

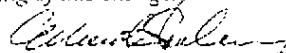
Florida

33324

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.



Mark Holloway, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

2022 MAY 31 PM 1:50

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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>
AR	Ron J. Hoyl	3953 Maple Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Dallas, Texas 75219	<input type="checkbox"/> Remove
VP	Ron J. Hoyl	3953 Maple Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Dallas, Texas 75219	<input type="checkbox"/> Remove
AR	Jeffrey A. Robbins	4757 New Broad Street	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
VP	Jeffrey A. Robbins	4757 New Broad Street	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<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

Ron J. Hoyl, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

2022 MAY 31 PM 1:50

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