

7/24/23, 3:27 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M22006005754

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000257759 3)))



H230002577593ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)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
 ADREX DIVERSIFIED I MASTER TENANT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

2023 JUL 24 PM 4:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA2023 JUL 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help
JUL 24 2023

K. Brumblay

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: ADREX Diversified I Master Tenant LLC

Enter new principal office address, if applicable: 2000 Avenue of the Stars

(Principal office address

MUST BE A STREET ADDRESS)

12th Floor

Los Angeles, CA 90067

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2000 Avenue of the Stars

12th Floor

Los Angeles, CA 90067

2. The Florida document number of this limited liability company is: M22000005754

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

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

APPROVED
AND
FILED

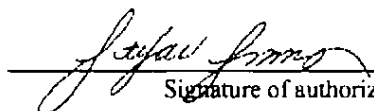
2023 JUL 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AP	Eliot Fierberg	2000 Avenue of the Stars, 12th Floor	<input checked="" type="checkbox"/> Add
		Los Angeles, CA 90067	<input type="checkbox"/> Remove
AP	Sarah Wadsworth	518 Seventeenth Street, Ste. 1700,	<input type="checkbox"/> Add
		Denver, CO 80202	<input checked="" type="checkbox"/> Remove
AP	Kate Kilgore	518 Seventeenth Street, Ste. 1700	<input type="checkbox"/> Add
		Denver, CO 80202	<input checked="" 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 authorized representative

Stefanie Sommers, Authorized Person

 Typed or printed name of signee

Filing Fee: \$25.00