## M2200007302

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

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ACCOUNT NO. : I2000000195 REFERENCE : 747901 7288091 AUTHORIZATION ORDER DATE : June 16, 2022 ORDER TIME : 9:01 AM ORDER NO. : 747901-005 CUSTOMER NO: 7288091 FOREIGN FILINGS NAME: CIX SOLE AT SUNRISE 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

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

7772 JUN 17 PM 5:45

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears		SECRETARY OF STATE da De萍奔世中本部ASSEE, FL
State: CIX Sole at Sunrise 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 liab	ility company is: M22000	007302
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: $\frac{05/10}{}$	2022	
SECTION II (5-9 complete only the applicable cl		
5. New name of the limited liability company: (must o	contain "Limited Liability	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted foopy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	or the purpose of transacting members adopting the or "LLC.")	ng business in Florida and attach a e alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our rec lress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida Street Address
<del></del>	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 Acti
\P 	Laury Pflaum	14055 Riveredge Drive, Suite 320	<b>=</b> Add
		Tampa, FL 33637	□Rem
ΛP	Olga Roman	14055 Riveredge Drive, Suite 320	<b>=</b> Add
		Tampa. FL 33637	□Rem
<b>л</b> Р	Kate Waters	8500 Andrew Camegie Blvd	<b>=</b> Add
		Charlotte. NC 28262	□Rem
			□ <b>A</b> dd
		<del>.</del>	□Rem
			□Add
aforemention	ned amendment(s), duly authenti under the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the vis organized.  Welfor- ature of the authorized representative	□Rem

Filing Fee: \$25.00