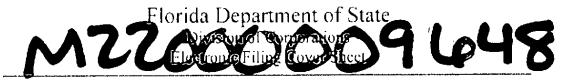
10/26/22, 10:44 AM

Division of Corporations



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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. \*\*

<b>Email</b>	Address:	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SREIT SANDS CLEARWATER, L.L.C.

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## 

## SECTION 1 (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears</li> <li>SREIT Sands Clearwater, L.L.C.</li> </ol>	s on the records of the Florida	Department of			
State: SREIT Sands Clearwater, L.L.C.				_	
Enter new principal office address, if applicable:			<u> </u>	_	
( <u>Principal office address</u> 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 lia	ability company is: M22000009	9648		F1L 2022 DCT 26	
Jurisdiction of its organization: DE				72F	12
4. Date authorized to do business in Florida: 06/20	<u></u>	· · · -•.	(T	] <b>=</b>	
SECTION II (5-9 complete only the applicable		프링 원간	D PH 7:5		
5. New name of the limited liability company: (mus	t contain "Limited Liability Co	ompany, " "L.L.C	`.," or "LL0	₫)	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the	business in Flori alternate name. T	da and attac he alternate	ch a name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our recor ddress here:	ds, <u>enter the nam</u>	e of the nev	Σ	
Name of New Registered Agent:				_	
New Registered Office Address:	Ent - Ulaui	ida Simuat Addman		_	
	Enter Florida Street Address				
<del></del>	City	, Florida	Zip Code	_	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this caps and complete performance of ered agent as provided for in ( in the registered office addres	my duties, and L Chapter 605, F.S.	am familiar . Or, if this	with	

If Changing Registered Agent. Signature of New Registered Agent

27.4 ( ( )	Nama	Address	Type of Actio
Title/ Capacity	Name James Kane	Address 591 West Putnam Avenue	
		Greenwich, CT 06830	□Remo
horized Person	Paul Ahls	591 West Putnam Avenue	⊠Add
		Greenwich, CT 06830	□Rem
uthorized Person	Andres Panza	591 West Putnam Avenue	⊠Add
		Greenwich, CT 06830	□Rem
			□Add
			□Rem
			□Add
Attached is a aforemention	i certificate, if required: no more ned amendment(s), duly authenti inder the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in th	□Rem