

M22 0000 12 776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

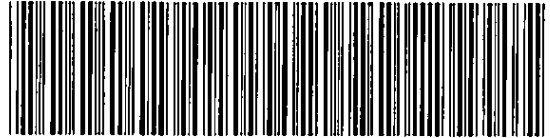
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000419582570

RECEIVED
JAN 15 PM 5:09
STATE
SECRET, FL

RECEIVED
2024 JAN 16 PM 2:51
SECRET, FL

R. HUNT
01/16/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/16/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1219197

ORDER ENTITY

ORLANDO LOGISTICS PARK LEEVISTA BUILDING II, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ORLANDO LOGISTICS PARK LEEVISTA BUILDING II, LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2024 JAN 16 PM 5:09
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
3D

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Logistics Park LeeVista Building II, 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:

Susan Brown

Name of Person

Barnes & Thornburg LLP

Firm/Company

11 S Meridian St

Address

Indianapolis, IN 46204

City/State and Zip Code

notices@ambrosepg.com

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

For further information concerning this matter, please call:

Susan Brown

at () 317-231-7821

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

2021 NOV 16 PM 5:09
DIVISION OF STATE
CORPORATIONS, FL
TALLAHASSEE, FL

**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: Orlando Logistics Park LeeVista Building II, 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: M22000012776

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 08/15/2022

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: Corporation Service Company

New Registered Office Address: 1201 Hayes Street

Enter Florida Street Address

Tallahassee

City

Florida

32301-2525

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.

Alex C. Smith

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR / MBR	Ambrose Fund IV Orlando Pooling, LLC	8888 Keystone Crossing, Suite 1150	<input checked="" type="checkbox"/> Add
		Indianapolis, IN 46240	<input type="checkbox"/> Remove
MGR/ MBR	Ambrose Property Group, LLC	8888 Keystone Crossing, Suite 1150	<input type="checkbox"/> Add
		Indianapolis, IN 46240	<input checked="" 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.

Aasif M. Bade

Signature of the authorized representative

Aasif M. Bade

Typed or printed name of signer

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 THAT THE CERTIFICATE OF CONVERSION OF AN INDIANA LIMITED LIABILITY COMPANY "ORLANDO LOGISTICS PARK LEEVISTA BUILDING II, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "ORLANDO LOGISTICS PARK LEEVISTA BUILDING II, LLC", WAS FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JANUARY, A.D. 2024, AT 12:19 O'CLOCK P.M.

2024 JAN 15 PM 5:09
OFFICE OF STATE
SECRETARY, FL




Jeffrey W. Bullock, Secretary of State

2921866 8317F
SR# 20240112663

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

Authentication: 202586070
Date: 01-12-24