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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VCCRP SERVICES, LLC
Account Number : 120090000067
Phone : (845)425-0077
Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOLIDAY MOBILE HOME PARK, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRUCE

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

SECTION I (1-3 must be completed)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: Holiday Mobile Home Park, LLC
- 2. Jurisdiction of its organization: Michigan
- 3. Date authorized to do business in Florida: Nov. 16, 1998

SECTION II (4-7 complete only the applicable changes)

- 4. 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.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Change name of Manager and mailing address to:

Riverstone Communities, LLC, 300 E. Maple Rd., Suite 300, Birmingham, MI 48008

- 7. Attached is an original 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.

Katherine L. Hammers

Signature of the authorized representative

Katherine L. Hammers, Authorized Person

Typed or printed name of signer

Filing Fee: \$25.00

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