## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H14000067880 3)))



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)617-6380

MAR 21 2014

R. WHITE

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO) Account Number : 12003000004

Phone

: (407)835-6959

Fax Number

: (407)843-4076

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

taugustyni@shutts.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **UST XXII GP CORPORATION**

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Copy10th

Articles of Amendment to Articles of Incorporation EILED

14 MC(H14000067880 3)))
SECRETARY OF STATE
TALLAHASSEE, FT 0810A

of	"" TOSEL, FLORIDA
UST XXII GP Corporation	
(Name of Corporation as currently filed with the Florida Dept. of State)	<del></del>
P14000022767	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s) to
A. If amending name, enter the new name of the corporation:	
UST Las Colinas Corporation	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation natword "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
To the second second and the second of the address in Florida anter the name of the	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u>i</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida, Florida	
(Ciŋ) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	position.

Signature of New Registered Agent, if changing

(((H14000067880 3)))

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		<u>Name</u>	Address		
1) Change		<u>-</u>				
Add Remove						
2) Change	<del>/-</del> -					
Remove						
Change Add	<del></del>	_				
Remove						
4) Change						
Remove		•				
5) Change	***************************************					
Remove						
6) Change						
Remove						

(((H14000067880 3)))

attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchange the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	SIGNOPS A 110' COMMITTEE IN SIZE WHO I CAN THE SIZE OF

(((H14000067880 3)))

The date of each amendment(s) ac	doption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated March 1	9,2014	
(By a'd selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	Kyle A. Stevens	_
	(Typed or printed name of person signing)	<del>_</del>
	Incorporator	
	(Title of person signing)	