

9/15/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M20000320551338**

Note: Please print this page and use it as a coversheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200003205513ABCS

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

2020 SEP 22 AM 10:21  
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2020 SEP 22 PM 1:18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HSRE-PWR LAKE GIBSON TRS, L.L.C

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

# 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: HSRE-PWR Lake Gibson TRS, LLC

Enter new principal office address, if applicable: 444 W. Lake St.  
Suite 2100  
Chicago, IL 60606

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 444 W. Lake St.  
Suite 2100  
Chicago, IL 60606

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M20000007538

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/28/2020

## 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City 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.*

\_\_\_\_\_  
*If Changing Registered Agent, Signature of New Registered Agent*

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(c), indicate that change:

The address of the sole member, HSRE-PWR Lake Gibson, LLC, is changed to the address indicated below.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	HSRE-PWR Lake Gibson, LLC	3310 Live Oak Street, Suite 410	<input type="checkbox"/> Add
		Dallas, Texas 75204	<input checked="" type="checkbox"/> Remove
Member	HSRE-PWR Lake Gibson, LLC	444 W. Lake St., Ste. 2100	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF TEXAS  
 COUNTY OF TARRANT

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. - Information not required in jurisdiction of formation.

SMG  
Signature of the authorized representative

Stephen M. Gordon

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00