

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
m1300001132

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.

((H16000312086 3))



H16000312086ABC

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)617-6383

cmw

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

FILED
19 DEC 21 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WAYPOINT CYPRESS OWNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. SCOTT
DEC 22 2016

RECEIVED
2016 DEC 21 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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: Waypoint Cypress Owner, LLC

Enter new principal office address, if applicable: 10234 W. State Road 84

(Principal office address MUST BE A STREET ADDRESS)

Davie, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10234 W. State Road 84

Davie, FL 33324

2. The Florida document number of this limited liability company is: M13000001132

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 21, 2013

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: Sofia Castro

New Registered Office Address: 10234 W. State Road 84

Enter Florida Street Address

Davie

City

Florida 33324

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

FILED
16 DEC 21 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Waypoint Cypress Investors, LP</u>	<u>3 Pickwick Plaza, 4th Floor</u>	<input type="checkbox"/> Add
		<u>Greenwich, CT 06830</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Robert T. Castro</u>	<u>10234 W. State Road 84</u>	<input checked="" type="checkbox"/> Add
		<u>Davie, FL 33324</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Sofia C. Castro</u>	<u>10234 W. State Road 84</u>	<input checked="" type="checkbox"/> Add
		<u>Davie, FL 33324</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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.

Signature of the authorized representative

Sofia C. Castro

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 DEC 21 AM 10:01
 16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAYPOINT CYPRESS OWNER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAYPOINT CYPRESS OWNER, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

16 DEC 21 AM 10:01
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5277994 8300

SR# 20167024613

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

Authentication: 203491849

Date: 12-12-16