M22000006803

| (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: |
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2023 APR 12 AH 10: 04



CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

04/12/2023

| D | ate: 04/12/2023 | 3 50000072 W: J |
|--|-----------------------------|---|
| | Acc#I2016 | 50000072 W: C > J |
| Name: | Deancurt Port Charlotte | LLC |
| Document #: | | |
| Order #: | 14883597 - 3 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: | Country of De | |
| Filing: 🕡 | Certified: ✓ Plain: COGS: | Email Address for Annual Report Notifications |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 55.00 | |

Thank you!

COVER LETTER

| | stration Section sion of Corporations | | | |
|------------------------------------|---|---------------------------------------|--|--|
| SUBJECT: | Deancurt Port Charlotte LLC | | | |
| | Name of Foreign | Limited Liab | oility Company | |
| Dear Sir or N | ·ladam: | | | |
| The enclosed | application, certificate and fee(s) | are submitted | for filing. | |
| Please return | all correspondence concerning this | s matter to the | following: | |
| Stephanie Brig | ggs | | | |
| | Name of Person | · · · · · · · · · · · · · · · · · · · | _ | |
| Port Charlotte | Chestnut LLC | | | |
| | Firm/Company | | _ | |
| 67 Hunt Street | , Suite 206 | | | |
| | Address | | - | |
| Agawam, MA | 01001 | | | |
| | City/State and Zip Code | | - | |
| emily_reidy@ | aspensquare.com | | | |
| E-mail add | lress: (to be used for future annual | report notifica | tion) | |
| For further in | formation concerning this matter, j | olease call: | | |
| Stephanie Brig | gs | at (| 439-6380 | |
| | Name of Person | Area Code | & Daytime Tele | phone Number |
| Regis Divis P.O. | ng Address: Stration Section Sion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL | porations allahassee Street, Suite 810 |
| Enclo □\$25 Filing CR2E055 (9/15) | Certificate of Status | mount: \$55 Filing Certified C | Copy Ce: | Filing Fee, rtificate of Status & Certified Copy |

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 | s on the records of the Florida Dep | artment of |
|--|--|--|
| State: Deancurt Port Charlotte LLC | | |
| Enter new principal office address, if applicable: | 67 Hunt Street, Suite 206 | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | Agawam, MA 01001 | |
| Enter new mailing address, if applicable: | 67 Hunt Street, Suite 206 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Agawam, MA 01001 | 2027 |
| | | a AP |
| 2. The Florida document number of this limited lia | bility company is: M22000006803 | 2023 APR 12 |
| 3. Jurisdiction of its organization: Delaware | | <u> </u> |
| 4. Date authorized to do business in Florida: May | 2, 2022 | |
| SECTION II (5-9 complete only the applicable of | changes) | - |
| New name of the limited liability company: Po (must | ort Charlotte Chestnut LLC t contain "Limited Liability Compa | ny, " "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C | naging members adopting the altern | ness in Florida and attach a nate name. The alternate name |
| If amending the registered agent and/or registere registered agent and/or the new registered office ad | ed officer address on our records, <u>er</u> idress here: | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida St | |
| | | |
| | City | , Florida <u>Zip Code</u> |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change a liability company has been notified in writing of the | it and agree to act in this capacity. and complete performance of my d ered agent as provided for in Chap in the registered office address, I h | uties, and I am familiar with ter 605, F.S. Or, if this |

If Changing Registered Agent, Signature of New Registered Agent

| <u>Name</u> | Address T | vpe of Action |
|-----------------------------|---|--|
| Deancurt Realty Group, Inc. | 34 Greenwich Road | □Add |
| | Longmeadow, MA 01106 | ⊠Rem |
| Dean F. Curtis | 34 Greenwich Road | □Add |
| | Longmeadow, MA 01106 | ⊠Rem |
| Nepsa Manager LLC | 67 Hunt Street, Suite 206 | ⊠Add |
| | Agawam, MA 01001 | □Rem |
| | | □Add |
| | | □Rem |
| | | □Add |
| | d by the official having custody of records in the | □Rem |
| | Dean F. Curtis Nepsa Manager LLC certificate, if required: no more than | Dean F. Curtis Longmeadow, MA 01106 Dean F. Curtis Longmeadow, MA 01106 Longmeadow, MA 01106 Nepsa Manager LLC 67 Hunt Street, Suite 206 |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'DEANCURT PORT
CHARLOTTE LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO 'PORT CHARLOTTE CHESTNUT LLC' ON THE ELEVENTH DAY OF
APRIL, A.D. 2023, AT 1:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203122694

Date: 04-12-23

6769596 8320 SR# 20231401599