

B1500000290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

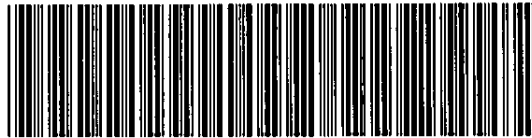
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

tdk/25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2016

CSC

SUBJECT: 5200 WATERFORD OPERATING LP  
Ref. Number: B15000000290

**RESUBMIT**  
Please give original  
submission date as file date

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TALLAHASSEE, FLORIDA

We have received your document for 5200 WATERFORD OPERATING LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify if John Gay is being added, removed, or changed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 416A00018287

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16 AUG 29 PM 1: 50



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 267805 7288091

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : August 25, 2016

ORDER TIME : 10:23 AM

ORDER NO. : 267805-010

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: 5200 WATERFORD OPERATING LP

CORPORATE  
XX LIMITED PARTNERSHIP  
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

5200 WATERFORD OPERATING LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B1506000290

3. The jurisdiction of its formation is: DE

4. The date the entity was authorized to transact business in Florida is: 10/21/2015

5. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

ALEXANDER HANCOCK

730 THIRD AVENUE

Add

Remove

NEW YORK, NY 10017

Change

BRAD E. SIMPKINS

730 THIRD AVENUE

Add

Remove

NEW YORK, NY 10017

Change

JOHN GAY

730 THIRD AVENUE

Add

Remove

NEW YORK, NY 10017

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

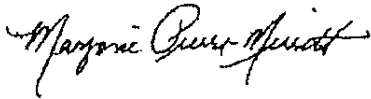
The entity elects to be a limited liability limited partnership.

The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, 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.

10. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Marjorie Pierre-Merritt

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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