* AMENDED X **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 101000021488

Governor's Square, LLC

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V		ı
2. Principal Place of Business 10275 Little Patuxent Parkway	3. Mailing Address SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Columbia, MD	City & State	

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0985629

Not Applicable

Applied For

5. Certificate of Status Desired 7. Name and Address of Current Registered Agent

Fee Required

DO NOT WRITE IN THIS SPACE

Country

Name	
	Corporation Service Company
Street Address (P.C	. Box Number is Not Acceptable)

1201 Hays Street

Tallahassee

Zip 32901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Zip

21044

FEE IS \$50.00 Make Check Payable to Department of State

Country

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9.	MANAGING MEMBERS/MANAGERS	other the B		
TITLE	MGR	TITLE 🕴	1	
NAME	Lundquist, Melanie M	NAME,		
STREET ADDRESS	10275 Little Patuxent Parkway	STREET ADDRESS	E N S SERVER SE	
CITY-ST-ZIP	Columbia, MD 21044-3456	CITY-ST-ZIP		
TITLE	MGR	TITLE	A Farm	
	Deering, Anthony W	NAME :		
	10275 Little Patuxent Parkway	STREET ADDRESS	5 4 4 4 4	
CITY-ST-ZIP	Columbia, MD 21044-3456	CITY-ST-ZIP	10000000000000000000000000000000000000	
TITLE	MGR	TITLE		
NAME	McGregor, Douglas A	NAME .		
STREET ADDRESS	10275 Little Patuxent Parkway	STREET ADDRESS		O NOT WRITE
CITY-ST-ZIP	Columbia, MD 21044-3456	CITY-ST-ZIP		ONORWALLE
TITLE	MGR	TITLE	2 1 and 1	N THIS SPACE
NAME	Hullinger, Elizabeth A	NAME		N I IIIO OFACE
STREET ADDRESS	10275 Little Patuxent Parkway	STREET ADDRESS		
CITY-ST-ZIP	Columbia, MD 21044-3456	CMY-ST-ZIP	*	
TITLE	MGR	TITLE		
NAME 🚊	Glenn, Gordon H	NAME		
STREET ADDRESS	10275 Little Patuxent Parkway	STREET ADDRESS		
CITY-ST-겉P	Columbia, MD 21044-3456	CITY-ST-ZIP	1,0	
TITLE	MGR	TITLE	6	
NAME	Donahue, Jeffrey H	NAME	the state of the state of the	
STREET ADDRESS	10275 Litte Patuxent Parkway	STREET ADDRESS		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

A Elizabeth A Hullinger 4/9