

L13000034504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

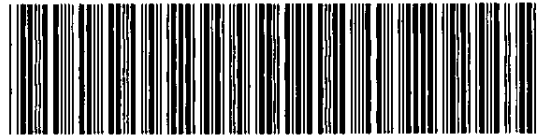
(Business Entity Name)

(Document Number)

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N. Culligan OCT 22 2015

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

ACCOUNT NO. : I20000000195

REFERENCE : 840357 7354150

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : October 21, 2015

ORDER TIME : 3:17 PM

ORDER NO. : 840357-005

CUSTOMER NO: 7354150

DOMESTIC AMENDMENT FILING

NAME: WSR OLD NAPLES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
\_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: WSR OLD NAPLES LLC

SECOND: The Florida Document Number of the limited liability company is: L13000034504

THIRD: The street address of the limited liability company's principal office is:

3185 HORSESHOE DR SOUTH

NAPLES, FL 34104

The mailing address of the limited liability company's principal office is:

3185 HORSESHOE DR SOUTH

NAPLES, FL 34104

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

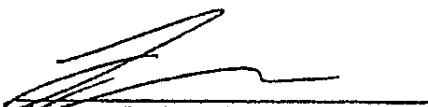
a. Granted to: Anthony Solomon, Lawrence Settanni, Jeffrey Laliberte

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Lawrence Settanni as  
Authorized Secretary  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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