

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Please attach digital filing
date of submission 6/19

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

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15 JUN 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WELLS CORE REIT - MIRAMAR CENTRE II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

JUN 22 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLS CORE REIT - MIRAMAR CENTRE II, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Patti

Name of Person

Hamilton Thies & Lorch LLP

Firm/Company

200 S Wacker Dr Ste 3800

Address

Chicago, IL 60606

City/State and Zip Code

patti@hti-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Patti

Name of Person

at (312) 650-8632

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

6/22/2015 1:16:10 PM From: To: 8506176383(2/6)
030-01/-0301 0/22/2015 8:31:40 AM FAX 1/001 FAX DELIVER



June 22, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WELLS CORE REIT - MIRAMAR CENTRE II, LLC
6200 THE CORNERS PARKWAY, SUITE 250
NORCROSS, GA 30092

SUBJECT: WELLS CORE REIT - MIRAMAR CENTRE II, LLC
REF: M11000002353

RE-SUBMIT

Please retain original filing
date of submission 6/19

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME ON THE DELAWARE CERTIFICATE DOES NOT MATCH THE NAME OF THE LLC IN OUR FILES. ON #8 LIST OUT CHANGES IN BLANKS PROVIDED.

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.

Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000151556
Letter Number: 415A00012994

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P.O BOX 6327 - Tallahassee, Florida 32314

**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: WELLS CORE REIT - MIRAMAR CENTRE II, LLC
2. The Florida document number of this limited liability company is: M11000002353
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 5/9/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: THE GC NET LEASE (MIRAMAR)
(must contain "Limited Liability Company," "LLC," or "LLC.")

INVESTORS, 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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida Street Address

Florida

City

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

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FLORIDA

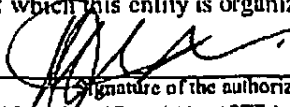
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:
The member's name is amended to change from Signature Office Operating Partnership, L.P. to SOR Operating Partnership, L.P.

Title/ Capacity	Name	Address	Type of Action
	Wells Core office Income		<input checked="" type="checkbox"/> Change
	operating Partn.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	SOR operating Partnership L.P.		<input type="checkbox"/> Add
	1520 E. Grand Ave.		
	El Segundo, CA 90245		<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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
Joseph Miller, CFO of Griffin Capital Essential Asset REIT, Inc., the General Partner of Griffin Capital Essential Asset Operating Partnership, L.P. the Member of Griffin SAS, LLC, the General Partner of SOR Operating Partnership, L.P., the Sole Member

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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Melissa Patti

AUTHORIZATION BY PHONE TO

CORRECT mbr. name to add/ remove

DATE 6/22/15

DOC. EXAM S. Mason

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WELLS CORE REIT - MIRAMAR CENTRE II, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "THE GC NET LEASE (MIRAMAR) INVESTORS, LLC", THE TWELFTH DAY OF JUNE, A.D. 2015, AT 11:18 O'CLOCK A.M.



4976318 8320

150952242

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2487361

DATE: 06-22-15