

m11000006250

2017-06-26 07:45:05 CST

9542500045 From: Barnes McGraw

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000030003  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NORTH PORT WOODSPRING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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2017 JUN 26 PM 12:21  
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S. WARREN

JUN 27 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** North Port Woodspring 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:

Rebecca Willis

Name of Person

Waypoint Residential

Firm/Company

3475 Piedmont Road NE, Suite 1640

Address

Atlanta, GA 30305

City/State and Zip Code

rwillis@waypointresidential.com

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

For further information concerning this matter, please call:

Rebecca Willis

Name of Person

at (770) 317-5950

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

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

CR2F055 (9/15)

# 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: North Port Woodspring LLC

Enter new principal office address, if applicable: 2200 Atlantic Street, Suite 520

(Principal office address  
MUST BE A STREET ADDRESS)

Stamford, CT 06902

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

3475 Piedmont Road NE, Suite 1640

Atlanta, GA 30305

2. The Florida document number of this limited liability company is: M11000006250

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 14, 2011

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

5. New name of the limited liability company: Waypoint Toledo Club Owner, LLC  
(must contain "Limited Liability Company," "LLC," or "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 officer 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

City Florida 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:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

There is a new Sole Managing Member

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sole Member	North Port Woodspring Owner LLC	380 Union Street, Suite 300 West Springfield, MA 01089	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Sole Member	Waypoint Toledo Club Investors, LP	2200 Atlantic Street Suite 520 Stamford, CT 06902	<input checked="" type="checkbox"/> Add
			<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

Eric J. Wade, Authorized Signatory

Typed or printed name of signer

Filing Fee: \$25.00

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17 JUN 26 PM 12:21  
CLERK OF SUPERIOR COURT  
JANESVILLE, WISCONSIN

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NORTH PORT WOODSPRING  
LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
"WAYPOINT TOLEDO CLUB OWNER, LLC" ON THE TWENTY-SECOND DAY OF  
JUNE, A.D. 2017, AT 5:47 O'CLOCK P.M.



5078318 8320  
SR# 20174918077

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202768150  
Date: 06-23-17