

7711000006250

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 : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

21 JUN 23 AM 10:04

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

****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
WAYPOINT TOLEDO CLUB OWNER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

JUN 24 2021

A. LUNT

RECEIVED

2021 JUN 23 AM 11:38

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waypoint Toledo Club Owner, 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:

David J. Sacco

Name of Person

West Shore Toledo LLC

Firm/Company

One International Place, Suite 3900

Address

Boston, MA 02110

City/State and Zip Code

djsacco@west-shore.com

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

For further information concerning this matter, please call:

David J. Sacco

Name of Person

at (617) 902-6204

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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: Waypoint Toledo Club Owner, LLC

Enter new principal office address, if applicable: One International Place, Suite 3900

(Principal office address
MUST BE A STREET ADDRESS)

Boston, MA 02110

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

One International Place, Suite 3900

Boston, MA 02110

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: West Shore Toledo LLC
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." 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: Cogency Global Inc.

New Registered Office Address: 115 North Calhoun Street, Suite 4

Enter Florida Street Address

Tallahassee

City

Florida 32301

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS
21 JUN 23 AM 10:04

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

<u>Title / Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Lee E. Rosenthal	One International Place, Suite 3900	<input checked="" type="checkbox"/> Add
		Boston, MA 02110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

law of which this equity is

Filing Fee: \$25.00

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WAYPOINT TOLEDO CLUB OWNER, LLC", CHANGING ITS NAME FROM "WAYPOINT TOLEDO CLUB OWNER, LLC" TO "WEST SHORE TOLEDO LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JUNE, A.D. 2021, AT 3:35 O'CLOCK P.M.



5078318 8100
SR# 20212482429

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203474982
Date: 06-17-21

H21000245203 3

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:35 PM 06/17/2021
FILED 03:35 PM 06/17/2021
SR 20212482429 - File Number 5078318

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. The name of Limited Liability Company is: Waypoint Toledo Club Owner, LLC.
2. Article 1 of the Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is West Shore Toledo LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate on this 17th day of June, 2021.

By: /s/ Lee E. Rosenthal
Lee E. Rosenthal, Authorized Person