

To: -18506176363

8/12/2021

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2021-08-13 10:30:03 CST

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From: James Tanks III

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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
WOOD RESIDENTIAL SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

AUG 16 2021

A. LUNT

Please keep file date 8-12-2021

Electronic Filing Menu

Corporate Filing Menu

Help

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: Wood Residential Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

3715 Northside Parkway NW, Suite 4-600

Atlanta, GA 30327

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000006369

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/20/11

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

5. New name of the limited liability company: Wood Residential, 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: _____

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

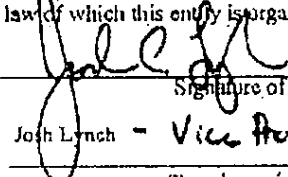
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DIVISION OF CORPORATIONS
2021 AUG 13 AM 10:17

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<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

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
 Josh Lynch - Vice President
 Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

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 "WOOD RESIDENTIAL SERVICES, LLC". CHANGING ITS NAME FROM "WOOD RESIDENTIAL SERVICES, LLC" TO "WOOD RESIDENTIAL, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2021, AT 9:14 O'CLOCK A.M.



4736222 8100
SR# 20212536611

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203528602
Date: 06-24-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:14 AM 06/24/2021
FILED 09:14 AM 06/24/2021
SR 20212536611 - File Number 4736222

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Wood Residential Services,
LLC
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

The name of the limited liability company is Wood Residential, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 24th day of June, A.D. 2021.

By: /s/ Josh Lynch

Authorized Person(s)

Name: Josh Lynch

Print or Type