

M13000005427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

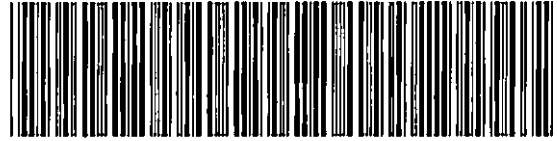
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JUN 24 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 JUL 24 AM 10:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 25 2013

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

ACCOUNT NO. : I20000000195

REFERENCE : 316664 7226307

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : July 23, 2018

ORDER TIME : 9:19 AM

ORDER NO. : 316664-005

CUSTOMER NO: 7226307

FOREIGN FILINGS

NAME: AW FLORIDA MEDICAL CENTER
MALL, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AW Florida Medical Center Mall, 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:

Brian K. Waxman

Name of Person

AW Property Co.

Firm/Company

11780 US Hwy One #305

Address

North Palm Beach, FL 33408

City/State and Zip Code

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

For further information concerning this matter, please call:

Brian K. Waxman

Name of Person

at (861) 687 - 5800

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

**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: ~~Florida~~ AW Florida Medical Center Mall, LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

319 Clematis Street
Suite 100P
West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

319 Clematis Street
Suite 100P
West Palm Beach, FL 33401

2. The Florida document number of this limited liability company is: M13000005427

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/27/2013

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

5. New name of the limited liability company:

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee, Florida 32301
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.

Roxanne Turner
If Changing Registered Agent, Signature of New Registered Agent

**Roxanne Turner
Asst. Vice President**

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:

new address for Manager, removal of one Director

Title/Capacity	Name	Address	Type of Action
MGR	AW SMOIS INVEST, LLC	319 Clematis Street, Suite 1000 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add
	Attn: Peter Applefield		

☐ Remove

Director
Finance and
Accounting

Muhammad Akhter

11780 Lightway Drive
Suite 305
North Palm Beach, FL 33408

☐ Add

☒ Remove

☐ Add

☐ Remove

☐ Remove

☐ Add

☐ 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]
Signature of the authorized representative

Brian L. Waxman

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
FLORIDA