### M13000005955

(Requestor's Name)
(Äddress)
(Address)
(Modless)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300414191583

2023 AUG 24 PH 12: 40

RECEIVEL 2013 AUG 24 AM II: S ALLAHASSEE FILM

R. HUNT 08/74/23



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 08/2	23/2023	
Name:	Merritt	
Reference #:	2099274	
		MPA OWNER LLC
		tion to Transact Business
✓ Amendmer	nt	
☐ Change of	Agent	
Reinstaten	nent	
☐ Conversion	ו	
Merger		
☐ Dissolution	n/Withdrawal	
☐ Fictitious N	lame	
✓ Other	CERTIFIED (	COPY OF THE FILING EVIDENCE
Authorized Amour	nt: <b>\$55</b>	
Signature:	mw	

F: 800.944.6607

# DIVISION OF CORPORALION OF STAIL

#### 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: WS Tampa Owner LLC	
Enter new principal office address, if applicable:	
(Principal office address  MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	202
2. The Florida document number of this limited liability company is: M13000005955	2ชี23 AU6 ๔
3 Jurisdiction of its organization: Delaware	ر <del>ا</del> -
4. Date authorized to do business in Florida: 9/19/2013	7.17
SECTION II (5-9 complete only the applicable changes)	J.
(must contain "Limited Liability Company, ""L.L.C.," or "LLC.")  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Fiorida 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 "L.L.C.")	e
5. 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, Florida	
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.	

MGR/ AR Alexandra Clark 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  VP/Treasurer Thomas DeSimone 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  VP/Secretary Richard Marks 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  VP Samantha Perry David 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  VP Chestnut Hill, MA 02467		thanges and attachment.	ity in accordance with 605.0902 (1)(c), indicate that ch	nange:
Chestnut Hill, MA 02467  Chestnut Hill, MA 02467	itle/ Capacity	<u>Name</u>	Address Ty	pe of Action
Chestnut Hill, MA 02467  TP/Secretary Richard Marks 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Thomas DeSimone 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Chestnut Hill, MA 02467  Thomas DeSimone 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Attached is a certificate, if required; no more than 90 days old, evidencing the	AGR/ AR	Alexandra Clark	33 Boylston Street, Suite 3000	_ <b>⊟</b> Add
Chestnut Hill, MA 02467  P/Secretary Richard Marks 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Chestnut Hill, MA 02467  P Samantha Perry David 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the			Chestnut Hill, MA 02467	_ □Remove
P/Treasurer Thomas DeSimone 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  P/Secretary Richard Marks 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the	resident	Jeremy Sclar	33 Boylston Street, Suite 3000	_ □Add
P/Secretary Richard Marks  33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  P Samantha Perry David  33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the			Chestnut Hill, MA 02467	Remove
P/Secretary Richard Marks  33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Samantha Perry David  33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the	P/Treasurer	Thomas DeSimone	33 Boylston Street, Suite 3000	_ □Add
Chestnut Hill, MA 02467  Samantha Perry David  33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the		4	Chestnut Hill, MA 02467	_ <b>■</b> Remove
P Samantha Perry David 33 Boylston Street, Suite 3000  Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the	P/Secretary	Richard Marks	33 Boylston Street, Suite 3000	_ □Add
Chestnut Hill, MA 02467  Attached is a certificate, if required: no more than 90 days old, evidencing the			Chestnut Hill, MA 02467	_ =Remove
Attached is a certificate, if required: no more than 90 days old, evidencing the	P 	Samantha Perry David	33 Boylston Street, Suite 3000	[]]\dd
				_ ■Remove
jurisdiction under the law of which this entity is organized.  Signature of the authorized representative	aforemention	ned amendment(s), duly authentica ander the law of which this entity is	ted by the official having custody of records in the s organized.	7 GC3 RUB Z4

Filing Fee: \$25.00

Typed or printed name of signee

## ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA FOR WS TAMPA OWNER LLC

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

Title/Capacity	Name	Address	Type of Action
VP/Asst. Treasurer	Eric Smookler	33 Boylston Street Suite 3000 Chestnut Hill, MA 02467	Remove
VP/ Asst. Secretary	Daniel Preysman	33 Boylston Street Suite 3000 Chestnut Hill, MA 02467	Remove