## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAPLES ARLINGTON 3101 PLACE LLC

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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 appear	rs on the records of the Florida Department of
State: Naples Arlington 3101 Place LLC	
Enter new principal office address, if applicable:	67 Hunt Street, Suite 206
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Agawam, MA 01001
Enter new mailing address, if applicable:	67 Hunt Street, Suite 206
(Mailing address MAY BE A POST OFFICE BOX)	Agawam, MA 01001
2. The Florida document number of this limited lia	ability company is: M13000006352
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: Octo	ober 7, 2013
SECTION II (5-9 complete only the applicable	changes)
New name of the limited liability company: (must	changes)  t contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the name of the new idress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	. Florida Zip Code
the provisions of all statutes relative to the proper to and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of the	gistered Agent: It and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited is change.
ifCl	hanging Registered Agent, Signature of New Registered Agent

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
tle/ Capacity	Name	Address	Type of Action
			□Add
		-3-	□Remove
			□Remove
			□Add 62
			☐ Remoye
			## 
		·····	□Remove
			□Add
aforementioned amo	cate, if required: no more than 90 da endment(s), duly authenticated by the law of which this entity is organiz	ne official having custody of records in the	□Remove
	• •	e authorized representative property Investors, Inc., the manager of	

Typed or printed name of signee

Filing Fee: \$25.00