

M14000005215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

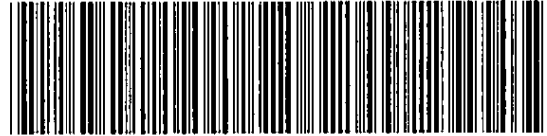
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 FEB 19 AM 9:08
TALLAHASSEE, FL

RECEIVED
2024 FEB 19 PM 12:51
AUDITOR GENERAL'S OFFICE

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

ACCOUNT NO. : I20000000195
REFERENCE : 323586 8331866
AUTHORIZATION : *Shauna Godbolt*
COST LIMIT : \$ 25.00

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ORDER DATE : February 16, 2024
ORDER TIME : 7:58 AM
ORDER NO. : 323586-290
CUSTOMER NO: 8331866

FOREIGN FILINGS

NAME: GPT 74TH STREET OWNER 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: Shauna Godbolt -- EXT#

EXAMINER: _____

**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: GPT 74th Street Owner LLC

Enter new principal office address, if applicable: 602 W. Office Center Drive, Suite 200
Fort Washington, PA 19034
(Principal office address
MUST BE A STREET ADDRESS)

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: M14000005215

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/23/2014

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

5. New name of the limited liability company: _____
(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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STATE OF FLORIDA

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>
Managing Director	Warren "Wes" Vaughan Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	<input checked="" type="checkbox"/> Add

_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <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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 2014 FEB 29 AM 9:08
 STATE OF FLORIDA
 TALLAHASSEE, FL

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.

/s/ Alexa Rose
 Signature of the authorized representative
 Alexa Rose

 Typed or printed name of signee

Filing Fee: \$25.00