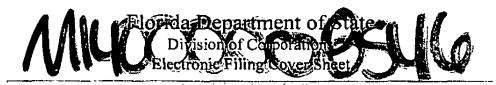
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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.

(((H17000139234 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number: I20160000008

Phone Fax Number : (850)777-2091 : (770)220-1943

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GPT NW 52ND AVENUE OWNER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

D. SCOTT MAY 23 2017 .C.X

TO: Registration Section

COVER LETTER

Tex

Division of Corporations	
SUBJECT: GPT NW 52nd Avenu	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	matter to the following:
Linda Miller	
Name of Person	
Triad Professional Services	
Firm/Company	
1720 Windward Concourse	
Address	
Alpharetta GA30005	
City/State and Zip Code	至三
tars@triadpros.com	ASSE ASSE
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	lency call:
Linda Miller	770 \ 777-2091
Name of Person	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: \$\sum \\$25 \text{ Filing Fee} \sum \\$30 \text{ Filing Fee & Certificate of Status}	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certified Copy Certified Copy
CD 3 PASS (9/15)	

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)

Name of limited liability Company as it appears on the records of the Florida Department of State: GPT NW 52nd Avenue 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)
2. The Florida document number of this limited liability company is: M1400008546
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 12/01/2014
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company. GPT NW 42nd Avenue Owner 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
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 lightly company has been writing of this abond.

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e/ Capacity	<u>Name</u>	Address	Type of Action
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aforementioned an	ficate, if required: no more the nendment(s), duly authenticate the law of which this entity is	an 90 days old, evidencing the ted by the official having custody of record organized.	貴元 2 rds in the

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GPT NW 52ND AVENUE OWNER LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GPT NW 42ND AVENUE OWNER LLC" ON THE FOURTEENTH DAY OF MARCH, A.D. 2017, AT 12:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPT NN 42ND AVENUE OWNER LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2014.



5647653 8320 SR# 20173844981 Authentication: 202580506

Date: 05-22-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Socoesary of State