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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRAND OAKS PENNINGTON LLC

C.	BRUMBLEY		
		2022	

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## 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)

<ol> <li>Name of limited liability Company as it appear</li> </ol>	rs on the records of the Florida D	epartment of		
State: Grand Oaks Pennington LLC				
Enter new principal office address, if applicable:	67 Hunt Street, Suite 206			
Principal office address	Agawam, MA 01001	20 C		
MUST BE A STREET ADDRESS)		0 + <b>6</b>		
Enter new mailing address, if applicable:	67 Hunt Street, Suite 206	AM S Y OF S ISSEE		
Mailing address MAY BE A POST OFFICE BOX)	Agawam, MA 01001	8: 59		
2. The Florida document number of this limited lia		14		
B. Jurisdiction of its organization; Delaware				
. Date authorized to do business in Florida: June	23, 2015			
SECTION II (5-9 complete only the applicable	changes)			
i. New name of the limited liability company: (mus	t contain "Limited Liability Com	pany, ""L.IC.," or "LLC.")		
If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company." "L.L.C.	naging members adopting the alte	isiness in Florida and attach a ernate name. The alternate name		
. If amending the registered agent and/or registere egistered agent and/or the new registered office ac		enter the name of the new		
Same of New Registered Agent:				
iew Registered Office Address:	13 29 1			
	Enter Florida Street Address			
	City	, Florida <u>Zip Code</u>		
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed ocument is being filed to merely reflect a change inhility company has been notified in writing of the	it and agree to act in this capacit and complete performance of my ered agent as provided for in Cha in the registered office address, I	duties, and I am familiar with apter 605, F.S. Or, if this		
	hanging Registered Agent, Signa	ture of New Registered Agent		

. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:							
itle/ Capacity	Naire	Address	Type of Actio:				
<del></del>		<del></del>	□Add				
			□Remo				
	<del></del>		□Add				
			□Remo				
			□Add				
			□ Remo				
			[]Add				
			□Remov				
<del></del>			□Add				
aforementioned amo	cate, if required: no more than 90 andment(s), duly authenticated by the law of which this entity is orga	y the official having custody of records in the	□Remov				
	Jun Aug	e of the authorized representative					

Typed or printed name of signee

Filing Fee: \$25.00