## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future 5 annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PTI US DEVELOPMENT SITES I, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

## 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	·			
State: PTI US Development Sites I, LLC				
Enter new principal office address, if applicable:	495 Tennessee Street Suite 152			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Mcmphis, TN 38103			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	495 Tennessee Street Suite 152  Memphis, TN 38103			
2. The Florida document number of this limited lia	ability company is: M15000008339			
3. Jurisdiction of its organization: DE				
	9/2015			
SECTION 11 (5-9 complete only the applicable of	changes)			
5. New name of the limited liability company: The state of the limited liability company (must	changes)  V US Development Sites I, LLC  t contain "Limited Liability Company," "L.L.C.," or "LLC.")			
(II hame unavailable, enter alternate hame adopted	for the purpose of transacting business in Florida and affach a			
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			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
	City , Florida, Zip Code			
the provisions of all statutes relative to the proper c and accept the obligations of my position as registe	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with cred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited			

If Changing 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:						
Fitle/ Capacity	<u>Name</u>	Address	Type of Action			
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aforementioned ar	the law of which this entity is organ	the official having custody of records in the nized.  the authorized representative	Remov			

Filing Fee: \$25.00





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'PTI US DEVELOPMENT SITES I, LLC\*, FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'TV US DEVELOPMENT SITES I, LLC' ON THE NINTH DAY OF MARCH, A.D. 2020, AT 1:52 O'CLOCK P.M.



Authentication: 203138568 Date: 06-18-20

5825689 8320 SR# 20205788898