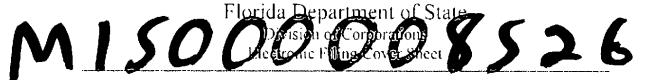
2/14/24, 11:56 AM

Division of Corporations



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.

(((H24000061798 3)))



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

In:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email:	Address:			
Cmarr.	MUUI CSS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PI TOWER LLC

Married and the Spiritual of Spiritual and Control of the Spiritual and	tem lefterhermen: Sitte taxos Milkelmein
Certificate of Status	0
Certified Copy	1
Page Count	0,3
Estimated Charge	\$55,00

Flectronic 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	s on the records of the Florida Depart	tment of			
State: Pl Tower LLC					
Enter new principal office address, if applicable:	6210 Ardrey Kell Road, Suite 450				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Charlotte, NC 28277				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6210 Ardrey Kell Road, Suite 450 Charlotte, NC 28277	2024 FEB			
2. The Florida document number of this limited lie	ability company is: M15000008526	FEB L			
3. Jurisdiction of its organization: DE		AH IO			
4. Date authorized to do business in Florida: $\frac{10/2}{}$					
SECTION II (5-9 complete only the applicable	changes)	i i i i i i i i i i i i i i i i i i i			
5. New name of the limited liability company: (mus	t contain "Limited Liability Company	y, " "L.L.C.," or "L.L.C.,")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting the alternat				
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		er the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Stre				
	F	Florida Zip Code			
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	rgistered Agent; nt and agree to act in this capacity. I, and complete performance of my dut ered agent as provided for in Chapter in the registered affice address, I her	ies, and Lam familiar with r 605, F.S. Or, if this			

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:							
tle/ Capacity	Name	Address	Type of Action				
			⊐Add				
			□Remo				
			□Add				
			□Remo				
		_	□Add				
			□Remo				
	7510		□Add				
			Remo				
			□Add				
aforementioned am	icate, if required: no more that endment(s), duly authenticate he law of which this entity is t	d by the official having custody of records in the	□Remo				
	/s/ Kim Calcasola	e of the authorized representative					

Filing Fee: \$25.00