

M/5000009988

(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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2017 MAR -3 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR - 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 MAR -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 24, 2017

TULA MICHELE HAFF
135 NORTH 6TH ST, 2ND FLOOR
HAINES CITY, FL 33844-4247

SUBJECT: POLK COUNTY LAND PARTNERS, LLC
Ref. Number: M15000009988

We have received your document for POLK COUNTY LAND PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00003674

TULA MICHELE HAFF

Attorney and Counselor at Law

TELEPHONE
863.421.2626

135 NORTH 6TH STREET, SECOND FLOOR
HAINES CITY, FLORIDA 33844-4247

FACSIMILE
863.421.2828

March 2, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA NEXT DAY AIR

RE: POLK COUNTY LAND PARTNERS, LLC
Application by Foreign Limited Liability Company to File Amendment to
Certificate of Authority to Transact Business in Florida/NAME CHANGE

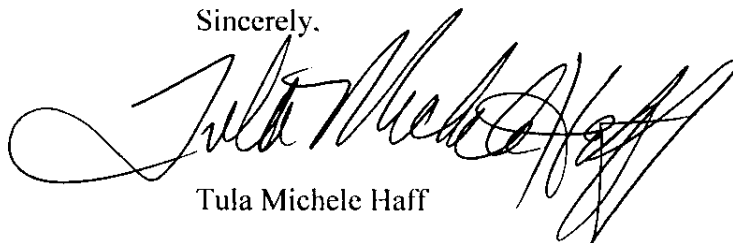
Dear Representative:

Enclosed you will find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for POLK COUNTY LAND PARTNERS, LLC. Also enclosed you will find a copy of the letter we received from you regarding our previous filing.

Please file the Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida and return a letter of acknowledgment to my office upon completion. I have also enclosed a postage pre-paid/self-addressed envelope for your convenient return of the acknowledgment.

If you have any questions, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tula Michele Haff', with a large, stylized flourish at the end.

Tula Michele Haff

TMH/dlh
Enclosures

**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: POLK COUNTY LAND PARTNERS, 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: M15000009988

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/15/2015

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

5. New name of the limited liability company: PCLP FLORIDA DEVELOPMENTS, 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 _____
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

7. Attached is a certificate that is no more than 90 days old, evidencing the aforementioned amendment, duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Jean Marsan
MANAGER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

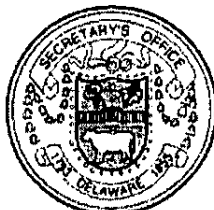
Delaware

The First State

Page 1

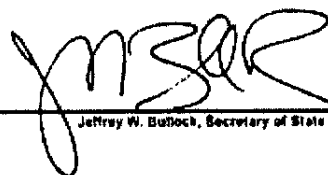
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "POLK COUNTY LAND PARTNERS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PCLP FLORIDA DEVELOPMENTS, LLC" ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2016, AT 8 O'CLOCK A.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5708744 8320
SR# 20171003302

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202057113
Date: 02-17-17