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(Reque	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docur	nent Number))
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 166327 4312639

AUTHORIZATION :

COST LIMIT : \$ 25 00

ORDER DATE: April 17, 2018

ORDER TIME : 3:12 PM

ORDER NO. : 166327-005

CUSTOMER NO: 4312639

FOREIGN FILINGS

NAME: FC WEBSTER, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ryan Thomas -- EXT# 62969

EXAMINER:

CO	VER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: FC WEBSTER, LLC	2	
	n Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s)	are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Neema Ghannadi		
Name of Person	<u> </u>	
Queensland Investment Co	orporation	
Firm/Company		
222 North Campboods Dlud C	Suite 2250	
222 North Sepulveda Blvd., S	Suite 2350	
Address		
El Segundo, California 902	45	
City/State and Zip Code	e	
neema.ghannadi@qic.com		
E-mail address: (to be used for future annual		
, 	•	
For further information concerning this matter,	please call:	
Neema Ghannadi	310 , 955-1685	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tullullussee, 1 lollud 52514	
Enclosed is a check for the following amoun	t:	
■ \$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee,	

CR2E055 (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 appear State: FC Webster, LLC 	s on the records of the Florida i	Department of		
Enter new principal office address, if applicable:	222 North Sepulved	a Blvd., Suite 2350		
(Principal office address	El Segundo, Califori	nia 90245		
MUST BE A STREET ADDRESS)		5		
Enter new mailing address, if applicable:	222 North Sepulved	a Blvd., Suite 2350 nia 90245		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	El Segundo, Califor	nia 90245 👸 💂 👵		
		1000000000000000000000000000000000000		
2. The Florida document number of this limited lia	ability company is: M16000	004119 Σ [*] ω		
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 5/2	24/2016			
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: $\frac{V}{mus}$				
(mus	st contain "Limited Liability Co	mpany, ""L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the a			
6. If amending the registered agent and/or register registered agent and/or the new registered office a		s, enter the name of the new		
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Floria	la Street Address		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change	ent and agree to act in this capu cand complete performance of t tered agent as provided for in C	ny duties, and I am familiar with Chapter 605, F.S. Or, if this		

liability company has been notified in writing of this change.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
e/ Capacity	Name	Address	Type of Action
			Add
			Remo
			Add
			Remo
			Add
			Remov
			日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
			Remov
			Add
			Remov
aforementioned ame	ate, if required: no more than 90 ndment(s), duly authenticated by a law of which this entry is organ	the official having custody of records i	n the
aforementioned ame	ndment(s), duly authenticated by e law of which this entry is organ	the official having custody of records in red. the authorized representative	n the

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FC WEBSTER, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WEBSTER,

LLC" ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2018, AT 3:41

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.

Authentication: 202550990

Date: 04-20-18

6044868 8320 SR# 20182879706