

4/3/2017

Division of Corporations

Florida Department of State
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)288-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WINTER HAVEN LEASED HOUSING ASSOCIATES I, LLC

Certificate of Status	1
Certified Copy	0
Page Count	07
Estimated Charge	\$30.00

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APR 06 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Winter Haven Leased Housing Associates I, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey R. Peterson

Name of Person

Commercial Partners Exchange Company, LLC

Firm/Company

200 South Sixth Street, Suite 1300

Address

Minneapolis, MN 55402

City/State and Zip Code

jeffp@CPEC1031.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey R. Peterson

Name of Person

at (612) 643-1031
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Winter Haven Leased Housing Associates I, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

200 South Sixth Street, Suite 1300

Minneapolis, MN 55402

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

200 South Sixth Street, Suite 1300

Minneapolis, MN 55402

2. The Florida document number of this limited liability company is: M17000000791

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 01/30/2017

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

5. New name of the limited liability company: _____
(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. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
Co-Pres.	Armand E. Brachman	2905 Northwest Boulevard, Suite 150	<input type="checkbox"/> Add
		Plymouth, MN 55441	<input checked="" type="checkbox"/> Remove
Co-Pres.	Paul R. Sween	2905 Northwest Boulevard, Suite 150	<input type="checkbox"/> Add
		Plymouth, MN 55441	<input checked="" type="checkbox"/> Remove
SVP	Mark S. Moerhouse	2905 Northwest Boulevard, Suite 150	<input type="checkbox"/> Add
		Plymouth, MN 55441	<input checked="" type="checkbox"/> Remove
President	Jeffrey R. Peterson	200 South Sixth Street, Suite 1300	<input checked="" type="checkbox"/> Add
		Minneapolis, MN 55402	<input type="checkbox"/> Remove
VP& Sec	Marna L. Peterson	200 South Sixth Street, Suite 1300	<input checked="" type="checkbox"/> Add
VP	Kent Carlotto	Minneapolis, MN 55402	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Jeffrey R. Peterson, President

Typed or printed name of signer

Filing Fee: \$25.00