

1/26/2018

2018-01-26 15:57:43 CST

19542080845 From: Ranae McGraw

Division of Corporations

Florida Department of State
Division of Corporations
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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
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****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	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

D. SCOTT
JAN 29 2018

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:

Kristin Proctor

Name of Person

Winthrop & Weinstine

Firm/Company

225 South Sixth Street Suite 3500

Address

Minneapolis, MN 55402

City/State and Zip Code

dan.bolles@Dominiuminc.com

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

For further information concerning this matter, please call:

Kristin Proctor

at (612)

604-6400

Name of Person

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

CR2F055 (9/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2905 Northwest Boulevard, Suite 150

Plymouth, MN 55441

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: 01/25/2017

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Co-P & S	Armand E. Brachman	2905 Northwest Boulevard, Suite 150 Plymouth, MN 55441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Co-P & T	Paul R. Sween	2905 Northwest Boulevard, Suite 150 Plymouth, MN 55441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SVP	Mark S. Moorhouse	2905 Northwest Boulevard, Suite 150 Plymouth, MN 55441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Jeffrey R. Peterson	200 So. 6th Street, Ste. 1300 Minneapolis, MN 55402	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Marna L. Peterson	200 So. 6th Street, Ste. 1300 Minneapolis, MN 55402	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Kent Carotto	200 So. 6th Street, Ste. 1300, Mpls, MN 55402	<input checked="" type="checkbox"/> Remove X 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

Mark S. Moorhouse, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00