M17-000002361

(Re	equestor's Name)
(Ad	ddress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	U DB This
	1741 Y 1.
	Office Use Only



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2024 FEB 19 AM 9: 46

FILED

2024 FEB 19 AM 11: 25

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

State: GPT NW 75th Street Owner LLC	
Enter new principal office address, if applicable:	602 W. Office Center Drive, Suite 200
(Principal office address MUST BE A STREET ADDRESS)	Fort Washington, PA 19034
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2024 FEB 19 AM 9: 1 SECRETARY OF STA
2. The Florida document number of this limited lia	ability company is: M17000002361
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 03/2	21/2017
SECTION 11 (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	st contain "Limited Liability Company," "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.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office are	ed officer address on our records. enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/Capacity	Name	<u>Address</u>	Type of Action	
Managing Director	Warren "Wes" Vaughan Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	≣ Add	
			□Remo	
			□Add	
			□Remo	
			□Add	
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			🗆 Add	
			□Remo	
			□∧dd	
aforemention	n certificate, if required: no more than 9 ned amendment(s), duly authenticated be under the law of which this entity is org	by the official having custody of records in the	□Remo	
	/s/ Alexa Rose Signature o	of the authorized representative		

Filing Fee: \$25.00