

m17000003449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

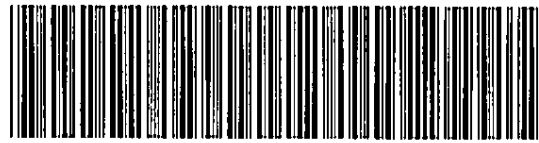
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wexfordnewport, 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:

Jonathan Bodden

Name of Person

Law Office of Grant & Dozier, LLC

Firm/Company

123 N. Apopka Ave.

Address

Inverness, Florida 34450

City/State and Zip Code

jbodden@grantdozierlaw.com

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

For further information concerning this matter, please call:

Jonathan Bodden

Name of Person

at ( 352 ) 726-5111

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

**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: Wexfordnewport, LLC

Enter new principal office address, if applicable: 32 Castlebridge Lane  
Hilton Head Island  
South Carolina 29928  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 32 Castlebridge Lane  
Hilton Head Island  
South Carolina 29928  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000003449

3. Jurisdiction of its organization: South Carolina & Florida

4. Date authorized to do business in Florida: April 21, 2017

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

5. New name of the limited liability company: Wexford Newport, 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: Jonathan Bodden

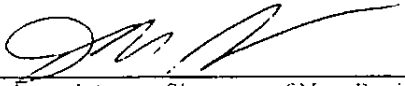
New Registered Office Address: 123 N. Apopka Ave.

*Enter Florida Street Address*

Inverness, Florida 34450  
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:

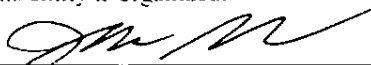
N/A

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

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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.



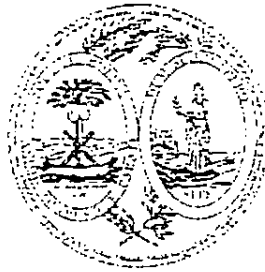
Signature of the authorized representative

Jonathan Bodden

Typed or printed name of signee

Filing Fee: \$25.00

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate Under Seal**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Wexford Newport, LLC,  
"WEXFORDNEWPORT, LLC ", A SOUTH CAROLINA LIMITED LIABILITY  
COMPANY DOMESTICATED UNDER THE LAWS OF SOUTH CAROLINA ON  
APRIL 12, 2017, CERTIFIES ITS NAME CHANGE TO "WEXFORD NEWPORT, LLC"  
AS EVIDENCED BY A CORRECTION FILED ON APRIL 10, 2019. NOTHING ELSE  
IS HEREBY CERTIFIED.

Given under my Hand and the Great Seal  
of the State of South Carolina this 19th day  
of April, 2019.

  
Mark Hammond, Secretary of State