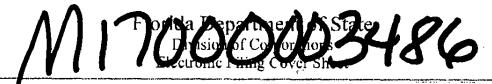
5/15/2017

Division of Corporations



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(((H17000132903 3)))



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number

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

Email	Address:							

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COVER LETTER

TO:		tration S ion of Co	ection orporations						
SUBJE	ECT:	NORTH	PORT WOODSPRING OV	VNER	RLLC				
		Name of Foreign Limited Liability Company							
Dear Si	ir or M	ladam:							
The end	closed	applicati	on, certificate and fee(s) are	submitted for	r filing.	·		
Please 1	return	all corres	spondence concerning the	nis m	atter to the fo	llowing:			
Stephan	nie Brig	gs			ν,		•		
			Name of Person						
Aspen S	Square 1	Managemo	ent, Inc.						
			Firm/Company						
380 Uni	ion Stre	et, Suite 3	00						
			Address						
West Sp	pringfie	ld, MA 01	089						
			City/State and Zip Cod	ie					
E-ma	ail add	ress; (to	be used for future annua	ıl rep	ort notification	on)			
For furt	ther in	formation	n concerning this matter	, ple	ase call:				
Stephan	ie Brig	gs		at	(413	439-6380			
		Name	of Person		Area Code	& Daytim	e Telephone Number		
	Regis Divisi Clifto 2661	tration So ion of Co n Buildi Executiv	rporations			Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, Florida 32314		
Enclose			or the following amount \$\square\$ \$30 Filing Fee & Certificate of Status		S55 Filing Certified		\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E055	5 (9/15)				2				

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)

4

1. Name of limited liability Company as it appears on	<u>-</u>
State: NORTH PORT WOODSPRING OWNER LLC	C
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address	
MAY BE A POST OFFICE BOX)	
The Florida document number of this limited liability	ty company is: M17000003486
	· · ·
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: April 24,	, 2017
SECTION II (5-9 complete only the applicable chan	nges)
5. New name of the limited liability company: (must cor	ntain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." o	the purpose of transacting business in Florida and attach a ng members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered of registered agent and/or the new registered office address	fficer address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
***********	City , Florida Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registered	nd agree to act in this capacity. I further agree to comply with I complete performance of my duties, and I am familiar with I agent as provided for in Chapter 605, F.S. Or, if this he registered office address, I hereby confirm that the limited
if Chang	ging Registered Agent, Signature of New Registered Agent
	3

Title/ Capacity	Name	Address	Type of Action	
MGR	Nepsa Manager LLC	380 Union Street, Suite 300	Add	
		West Springfield, MA 01089	X Remove	
MGR	Nepsa Property Investors, Inc.	380 Union Street, Suite 300	⊠Add	
		West Springfield, MA 01089	Remove	:
		:	Add =	-
			Remove CO	
			Add	
		·	Remove	
		<u>, , , , , , , , , , , , , , , , , , , </u>	Add	
			Remove	
aforemention	under the law of which this entity is or NORTH PORT WOODSPRING OWNER Signature	90 days old, evidencing the by the official having custody of records in the	Add Remove	