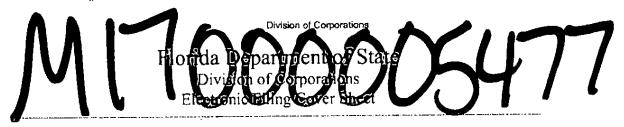
2021-08-02 10:34:21 CST

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From: James Tanks III

7/28/2021



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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Page: 4 of 6

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

SECTION	E1 (1-4 must be completed)	ZIZI JUL	
Name of limited liability Company as it appear State: IPT East Pompano IC LLC IPT East Pompano IC LLC IPT East Pompano IC LLC I	s on the records of the Florida Department	JUL Zo	
	666 Burrard Street, Suite 800	m _c <u>=</u>	
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Vancouver, BC V6C 2X8	\$2 5 S	
	CANADA	19 T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	666 Burrard Street, Suite \$00		
	Vancouver, BC V6C 2X8		
	CANADA		
2. The Florida document number of this limited li	ability company is: M17000005477		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.I. 6. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:	changes) OR East Pompano IC LLLC st contain "Limited Liability Company, "" od for the purpose of transacting business in anaging members adopting the alternate naC." or "LLC.") red officer address on our records. enter the	Florida and attach a me. The alternate name	
New Registered Office Address:	Enter Florida Street Ad	ddress	
	, Florida		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regi- document is being filed to merely reflect a chang liability company has been notified in writing of	City <u>Registered Agent:</u> ent and agree to act in this capacity. I further and complete performance of my duties, a stered agent as provided for in Chapter 60, we in the registered office address. I hereby	Zip Code her agree to comply with and I am familiar with 5, F.S. Or, if this	

8. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address <u>T</u>	ype of Action	
			□Add	
			□Remove	
			□Add	
			Remove	
			□Add	
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			□ Add	
aforementioned:	Stefance Signature Stefance Signature	by the official having custody of records in the	200 JUL 28 AH 9: 53	

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QR EAST POMPANO IC I LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

a a corn gelaware envlaut

Authentication: 203512329

Date: 06-23-21