## 1117000006986

(Requestor's Name)	
(Address)	
( Notices)	
(Address)	
(City/State/Zip/Phone #)	
(Only/State/Elp/: Hone #)	
PICK-UP WAIT MA	AIL.
(Business Fatherland)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
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Office Lies Only	



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SUCKETARY OF STATE ALLAHASSEF, FLORU

1 SEP 14 AM 9: 00

K. SALY SEP 1 5 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
 ACCOUNT NO. : I2000000195
 REFERENCE : 817401 8064342
AUTHORIZATION Synchologic rear
COST LIMIT : \$25.00
ORDER DATE : September 14, 2017
ORDER TIME : 3:12 PM
ORDER NO. : 817401-005
CUSTOMER NO: 8064342
CHANGE OF AGENT
NAME: WESTGATE OUTPARCEL INVESTORS,
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XXX PLAIN STAMPED COPY
CONTACT PERSON: Roxanne Turner
EXAMINER'S INITIALS:

## COVER LETTER

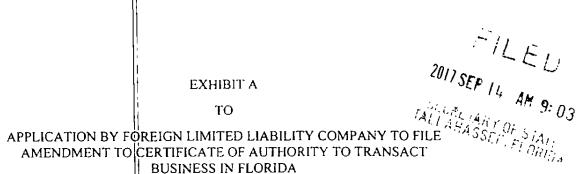
TO: Registration Section Division of Corporations			
<sub>suвлест:</sub> Westgate Ou	 itparcel Inves	tors, LLC	<u> </u>
00202011	of Foreign Limited Liabi		
Dear Sir or Madam:			
The enclosed application, certificate ar	nd fee(s) are submitted fo	or filing.	
Please return all correspondence conce	rning this matter to the f	ollowing:	
Lisa Lomb			
Name of Perso	m 		
ECHO Real Estate Services	Company		
Firm/Company	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
560 Epsilon Drive			
Address			
Pittsburgh, PA 1523	8		
City/State and	Zip Code		
LegalNotices@echo	realty.com		
E-mail address: (to be used for future	11 -	on)	
For further information concerning thi	11	069 466	0
Lisa Lomb	at (412	968-166	<del></del>
Name of Person	Area Code	& Daytime Telep	hone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclosed is a check for the following  \$25 Filing Fee \$30 Filing I  Certificate of	Fee & 🔲 \$55 Filin	l Copy C	60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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

SECTR	JN I (1-4 must be completed)
Name of limited liability Company as it appears	ears on the records of the Florida Department of
State: Westgate Outparcel Inves	tors, LLC
Enter new principal office address, if applicable	560 Engilon Drive
(Principal office address	Pittsburgh, PA 15238
MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	560 Epsilon Drive
(Mailing address MAY BE A POST OFFICE BOX)	Pittsburgh, PA 15238
2. The Florida document number of this limited	liability company is: M1700006986
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 8	/15/2017
SECTION II (5-9 complete only the applicab	
5. New name of the limited liability company:	nust contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adop copy of the written consent of the managers or must contain "Limited Liability Company" "L.	ted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name L.C." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office	tered officer address on our records, enter the name of the new
Name of New Registered Agent: Corporat	ion Service Company
1,	yes Street
New Registered Office Address.	Enter Florida Street Address
	Tallahassee , Florida 32301
	City Zip Code
the provisions of all statutes relative to the prop and accept the obligations of my position as reg	igent and agree to act in this capacity. I further agree to comply with per and complete performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S. Or, if this age in the registered office address, I hereby confirm that the limited
	Masst. Vice President
	f Changing Registered Agent, Signature of New Registered Agent 3

7. If the amenda	nent changes the jurisdic	ion of organization	n, indicate new jurisdiction:	2017 SEP 14 AM 9: 03
8. If the amendar See At	nent changes person, title tached	or capacity in acco	rdance with 605.0902 (1)(e), indicate the	hát change: A/A 9: 03
Title/ Capacity	Name		<u>Address</u>	Type of Action
<del></del>		_		Add
				Remove
				Add
				Remove
				Add
				Remove
<del></del>				Add
				Remove
				Add
				Remove
aforemention	certificate, if required: n led amendment(s), duly a ander the law of which th	uthenticated by the	e official having custody of records in	the
	Nichola	Semantire of the	authorized representative	
	<del></del>	Typed or printed		
		Filing Fee	e: \$25.00	



## **BUSINESS IN FLORIDA**

Title/Capacity	<u>Name</u>	Address	Type of Action
Manager	Fernando De Leon	3500 Maple Ave, Suite 1600, Dallas, TX 752	19 Remove
Managing Director	Will Tolliver	3500 Maple Ave, Suite 1600, Dallas, TX 752	19 Remove
Managing Director	Jesus Araiza	3500 Maple Ave, Suite 1600, Dallas, TX 752	19 Remove
Authorized Signatory	Rob Pivnick	3500 Maple Ave, Suite 1600, Dallas, TX 752	19 Remove
Member	ECHO Westgute, LLC	560 Epsilon Drive, Pittsburgh, PA 15238	Add