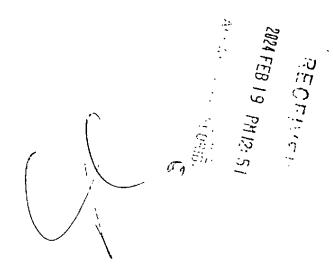
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(R	equestor's Name	)
(A	ddress)	
(Á	ddress)	
(C	ity/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer	

Office Use Only







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 323586 8331866

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 16, 2024

ORDER TIME : 7:59 AM

ORDER NO. : 323586-295

CUSTOMER NO: 8331866

#### FOREIGN FILINGS

NAME: GPT 2650 SW 145TH AVENUE OWNER

LLC

CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

# The state of the s

### 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 appear	s on the records of the Florida Department of		
State: GPT 2650 SW 145th Avenue Owner L	LC		
Enter new principal office address, if applicable:	602 W. Office Center Drive, Suite 200		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Fort Washington, PA 19034		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE, FL		
2. The Florida document number of this limited lia	bility company is: M17000008898		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10/1	8/2017		
SECTION II (5-9 complete only the applicable of	changes)		
5. New name of the limited liability company: (must	t contain "Limited Liability Company," "L.L.C.," or "LLC.")		
	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 ac	ed officer address on our records, <u>enter the name of the new</u> idress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Street Address		
<del></del>	City , Florida Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	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 cred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

itle/ Capacity	<u>Name</u>	Address Ty	pe of Action
Managing Director	Warren "Wes" Vaughan Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	_ <b>=</b> Add
			□ Remo 2021 □ EB 19 ■ 9:
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			_ □Add
			_ □Remo
			_ □Add
aforemention	certificate, if required: no more than 9 led amendment(s), duly authenticated be law of which this entity is org	by the official having custody of records in the	_ □Remo

Filing Fee: \$25.00