

**M1700009381**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001691903)))



H180001691903ABC2

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
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.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2018 JUN -6 PM 1:53

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WORKSPACE PROPERTIES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu Corporate Filing Menu

JUN 07 2018  
Help J. HARRIS

**Please Honor Original Date 06/04/2018**

850-617-6381

6/6/2018 10:47:05 AM PAGE 1/001 Fax Server



June 6, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WORKSPACE PROPERTIES LLC  
700 DRESHER ROAD, SUITE 150  
HORSHAM, PA 19044US

SUBJECT: WORKSPACE PROPERTIES LLC  
REF: M17000009381

FILED  
2018 JUN -4 AM 8:01  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A certificate of good standing or name amendment certificate is required to change the entity name.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A. Leggett  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H18000169190  
Letter Number: 318A00011746

RECEIVED  
2018 JUN -6 PM  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

# 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: Workspace Properties LLC

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

2. The Florida document number of this limited liability company is: M17000009381

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/3/17

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

5. New name of the limited liability company: WPT Properties GP 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
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:

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

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

Roger Thomas

Typed or printed name of signer

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'WPT PROPERTIES LLC',  
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'WPT  
PROPERTIES GP LLC' ON THE TWENTY-SECOND DAY OF MAY, A.D. 2018,  
AT 5:23 O'CLOCK P.M.



6597329 8320  
SR# 20184947107

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read 'JBullock', is written over a horizontal line. Below the line, the text 'Jeffrey W. Bullock, Secretary of State' is printed.

Authentication: 202816070  
Date: 06-04-18