

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

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (614)280-3338
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2018 JUN -6 AM 9:01
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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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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
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Please Honor Original Date 06/04/2018

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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

2018 JUN -4 AM 8:01
FILED

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 4:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

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2018 JUN -4 AM 8:01
TALLAHASSEE FLORIDA

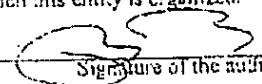
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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
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_____	_____	_____	<input type="checkbox"/> Remove

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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.




Jeffrey W. Bullock, Secretary of State

6597329 8320
SR# 20184947107

Authentication: 202816070
Date: 06-04-18

You may verify this certificate online at corp.delaware.gov/authver.shtml