Division of Corporations

Page 1 of 2

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Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6363

From:

Account Name : BROAD AND CASSEL ORLANDO - CORPORATE

Account Number : 120160000074 : (407)839-4277 Phone

: (407;839-4264 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER DEVELOPMENT, LLC

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Corporate Filing Menu

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COVER LETTER

TO:	Registra Division		ction rporations			
SORT	ECT: P	rem	ier Developmer		ity Compa	ny
Dear S	ir or Mad	lam:				
The en	closed ap	plication	on, certificate and fac(s) a	re submitted fo	r filing.	
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Lisa	s Schr	midt		•		
	·		Name of Person	,		
Bro	ad an	d Ca	assel LLP			
			Firm/Company			
390	N. O	rang	e Avenue, Suite	e 1400		
			Address			
Orla	ando,	FL3	32801			
			City/State and Zip Code			
	Kmin	06	@ Workman	Nowp. Co	m	
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Fortu	rther info	mation	concerning this matter, p	lease call:		
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		Name (of Purson	Area Code	& Daytime	: Telephone Number
	Registra Division Clifton I 2661 Ex	tion So not Co Buildin coutive	rporations		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
	sed is a cl Filing Fo		the following amount: \$30 Filing Fee & Certificate of Status	255 Filing	_	S60 Filing Fee. Certificate of Status & Certified Copy
CR2E05	\$ (9/15)			2		

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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 of	n the records of the Florida Department of	
State: Premier Development, LLC		
State:		
Enter new principal office address, if applicable:		<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)		
_		
Einter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
MAC US AT VAL VITAGE MON		
-		
2. The Florida document number of this limited liabil	ity company is: M18000002984	
Delaware		
3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 03/28	3/2018	
4. Date authorized to do business in Florida: 00/20	3/20/10	
SECTION 11 (5-9 complete only the applicable cha		
5. New name of the limited liability company: WW [must as	G Development, LLC	F HY 1 /2 F3
s seam)	ontain trimited Glability Company, 177, U.C.,	or LLC.
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managemust contain "Elmited Liability Company," "E.L.C."	ring members adopting the alternate name. The	a and attach a e alternate name
6. If amonding the registered agent and/or registered encountered agent and/or the new registered office addr.	officer address on our records, enje <u>r the name</u> cas here:	of the new Zin A
Name of New Registered Agents		
New Registered Office Address:		<u>ം സ്</u> ഒ
	Enter Florida Street Address	ip Code.
	City Z	(a.C.)
	City Z	ир Спив. — <u>— — — — — — — — — — — — — — — — — —</u>
New Ragistated Agant's Signature, if camping Regist I hereby accept the appointment as ragistered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filled to merely reflect a change in thability company has been notified in writing of this c	nd agree to oct in this capacity. I finther agre d complete performance of my duties, and I an d agent as provided for in Chapter 605, F.S. 6 he rogistered affict address, I heroby confam	n foinilliar with Dr. if this
157%	iging Registered Agent, Signature of New Reg	vistored Avens
n Chai	Emb reducered Mean! Sibbite to them wer	SWALES LIKELY

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If the amendment of	nanges person, title or capacity in	secordance with 605.0902 (1)(c), indicate the	it change:
le/ Capacity	Name	Διλητείς	Type of Action
			Add
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and the state of t			Add 2911 AUG
sforementioned ainc	o law of which this entity is one	the official having custody of records in the pized. the authorized representative	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Filing Fee: \$25.00 1

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PREMIER DEVELOPMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WMG DEVELOPMENT, LLC" ON THE TWELFTH DAY OF JULY, A.D. 2018, AT 11:30 O'CLOCK A.M.

AND I DO REFERY FURTHER CERTIFY THAT THE APORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WMG DEVELOPMENT, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2018.

Authentication: 203162758 Date: 07-31-18

6756562 8320 SR# 20185937954

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

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