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.

(((H22000398352 3)))



H220003983523ABC1

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 : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**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 SLATE WEST ELEVEN LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LETTEUX

1/1

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	on the records of the Florida Department of
State: Slate West Eleven LLC	
	57 Hunt Street, Suite 206
(Principal office address MUST BE A STREET ADDRESS)	Agawam, MA 01001
-	
Enter new mailing address, if applicable:	67 Hunt Street, Suite 206
(Mailing address MAY BE A POST OFFICE BOX)	Agawam, MA 01001
_	
2. The Florida document number of this limited liabi	lity company is:
Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: April 1	
SECTION 11 (5-9 complete only the applicable ch	anges)
New name of the limited liability company: (must company)	ontain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	•
6. If amending the registered agent and/or registered registered agent and/or the new registered office address.	officer address on our records, enter the name of the new-
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper an and accept the obligations of my position as registere	and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with ed agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the limited

Γo:

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	<u>Name</u>	Address	Type of Action	
			DAdd	
			DRem	
			□Add	
			□Remo	
			□Add	
			Dadi	
			□Remo	
			⊔Add	
forementioned ame:	ate, if required: no more than 90 da ndment(s), duly authenticated by th e law of which this entity is organiz	e official having custody of records in the	□Remo	

2022-11-22 15:23:54 CST

Joshua Friedman, President of Nepsa Property Investors, Inc., the manager of Nepsa Manager LLC, the manager of Slate West Eleven LLC Typed or printed name of signee

Filing Fee: \$25.00