M19 00000 4881

(Requestor's Name)
(Address)
(Address)
: • •
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
•
; -

Office Use Only



900422273649

2024 FEB 19 AM 9: 06

2024 FEB 19 PH 12: 50

DA FED TO DUTY

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 323586

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 16, 2024

ORDER TIME : 7:48 AM

ORDER NO. : 323586-130

CUSTOMER NO: 8331866

FOREIGN FILINGS

NAME: BRE 3108-3208 NW 72ND 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:

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

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)			ALLAH	2024 FEB 19
2. The Florida document number of this limited lia	ability company is: M1900000	4881	SSE.	AM 9: 06
Jurisdiction of its organization: Delaware			T (2)	90
4. Date authorized to do business in Florida: 05/1	16/2019			_
SECTION II (5-9 complete only the applicable				
 New name of the limited liability company: (must 	st contain "Limited Liability Co	mpany, " "L.L.C	.," or "LLO	C. ")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the a			
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our record address here:	ls. <u>enter the name</u>	of the nev	<u>N'</u>
Name of New Registered Agent:	_ 			_
New Registered Office Address:	12	1 C		_
	Enter Florida Street Address			
	City	Florida 	Zip Code	_
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	ent and agree to act in this capac and complete performance of r	city. I further agr ny duties, and I a 'hapter 605, F.S.	m familiar	oly wit with

itle/ Capacity	<u>Name</u>	Address <u>Ty</u>	pe of Action	
lanaging Director	Warren W. Vaughan, Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	_ = Add	
			_ □Remove	
			_ □Add	
			202Emove	
			_ □Add	
			_ □Remove	
			_ □Add	
aforemention	certificate, if required: no more than the damendment(s), duly authenticated under the law of which this entity is or	by the official having custody of records in the	_ □Remove	

Filing Fee: \$25.00