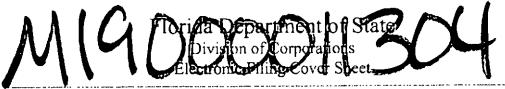
11/4/21, 1:34 PM

Division of Corporations



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To:

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@age: 2 of 4

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WP VEROBCH MF-FL OWNER, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA Z_O:

SECTION	I (1-4 must be completed)	CRETARY LAHASSEI
I. Name of limited liability Company as it appear State: WP VeroBoh MF-FL Owner, LLC	s on the records of the Florida Department of	Y OF S
Enter new principal office address, if applicable:	150 E. Palmetto Park Road, Suite 700	ORIO
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	A .
Enter new mailing address, if applicable: (<u>Mailing address</u> MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited ha	ability company is: \(\frac{\text{N119000011304}}{}\)	
3. Jurisdiction of its organization. Delaware	2/2019	
		
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:		r "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida at maging members adopting the alternate name. The alternate name.	id attach a ternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of a	the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	. Florida	Code
New Registered Agent's Signature, if changing R	egistered Agent:	

Thereby 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.

From: Kaity Toon

8. If the ameno	lment changes person, title or capacity in acco	irdinice with 605,0902 (1)(e), indicate that		
Title/ Capacity	<u>Name</u>	Address	Type of Action	
Member	WP VEROBCH MF-FL SUB, LLC	9 West Broad Street, Suite 800	∐Add	
		Stamford, CT 06902	■Remove	
Member	WP VEROBCH MF-FL HOLDINGS, LLC	150 E. Palmetto Park Road, Suite 700	⊞Add	
		Hoca Raton, FL 33432	LlRemove	
			□Add	
			□Remove	
			∐Add	
			□Remove	
aforementi	Signature of the Pamela Linden, Authorized Signa	ne official having custody of records in the red. Linden c authorized representative	202 NOV -4 PM 2: 47 SERCHARY OF STATE TALLAHASSEE, FLORIDA	

2021-11-04 11:36:27 CST

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