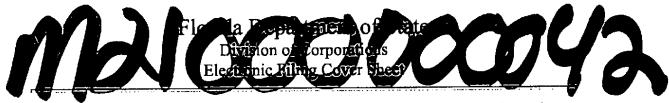
Division of Corporations



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.

(((H21000161681 3)))



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:

u)

 $\ddot{\circ}$

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 : (561)650-0728 : (561)671-2527 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 450 RPW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 appear	s on the records of the Florida Dep	partment of
State: 450 RPW, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lis	ability company is: M21000000042	
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 1/4/2	2021	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	st contain "Limited Liability Comp	any, ""L.L.C.," or "LLC.")
(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 alter C." or "LLC.")	mate name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, suddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida S	State Address State Stat
	Enter Piorida S	•
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capacity r and complete performance of my tered agent as provided for in Cha e in the registered office address, I	duties, and I am familiar with per 605, F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	<u>Name</u>	Address	Type of Action			
AGR	H. William Perry	777 S Flagler Drive, Suite 500E				
		West Palm Beach, Florida 33401	≣Remov			
MGR	Christopher S. Vecellio	101 Sansbury's Way	BAdd			
		West Palm Beach, Florida 33411-3670	□Remov			
	· · · · · · · · · · · · · · · · · · ·					
			□Remov			
			□Add			
			Remov			
			□Add			
aforementio	a certificate, if required: no more the ned amendment(s), duly authenticate under the law of which this entity i	ated by the official having custody of records in the	□Remov			
	/s/ Christopher S. Vecell	io				
	Signat	ure of the authorized representative				

Filing Fee: \$25.00