## M21000000939

(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.

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2021 AUG 31 AM 8: 50

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195
REFERENCE	: 975682 7172389
AUTHORIZATION	Louebellman
COST LIMIT	: \$/25.00
ORDER DATE : August 25, 2021	
ORDER TIME : 3:28 PM	
ORDER NO. : 975682-010	
CUSTOMER NO: 7172389	
FOREIGN F	FILINGS
NAME: PREMIER 3B/SO	OM FT. MYERS, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPAN	NY
XXXX AMENDMENT	
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	<b>FANDING</b>

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

### **COVER LETTER**

Divis	sion of Corporations				
SUBJECT:	Premier 3B/SOM Ft. Myers, LLC				
Sebole i.	Name of Forei	gn Limited Lia	ibility Co	mpany	
Dear Sir or N	Aadam:				
The enclosed	application, certificate and fee(s	) are submitted	l for filing	<u>y</u> .	
Please return	all correspondence concerning th	nis matter to th	e followi	ng:	
Mary Eggers	McCarroll				
	Name of Person				
Principal Life	Insurance Company				
	Firm/Company				
711 High Stre	eet				
	Address		_		
Des Moines.	lowa 50392				
	City/State and Zip Coc	le	_		
roepsch.bob@	@principal.com				
E-mail add	lress: (to be used for future annua	l report notific	ation)		
For further in	oformation concerning this matter	, please call:			
Mary Eggers	_	515 at (	362-1	223	
	Name of Person	Area Cod	le & Dayt	ime Telephone Number	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Division The Ce 2415 N	address: cation Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	
	osed is a check for the following		E 0		
□\$25 Filing	Fee S30 Filing Fee & Certificate of Status	☐ \$55 Filing Certified	=	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

**TO:** Registration Section

## 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)

1. Name of limited liability Company as it app	ears on the records of the I	Florida Department of	
State: Premier 3B/SOM Ft. Myers, LLC			
Enter new principal office address, if applicable	e:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			202) AUG 31 SECRETAR
2. The Florida document number of this limited	I liability company is: M21	1000010939	ART OF STATE
3. Jurisdiction of its organization: Delaware			FF 50
4. Date authorized to do business in Florida: A	August 20, 2021		
SECTION II (5-9 complete only the applicat			
<ol> <li>New name of the limited liability company: (n</li> </ol>	Premier 3B/SOM Ft. Mynust contain "Limited Liab	ers LLC ility Company, " "L.L	.C.," or "LLC.")
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "L.	managing members adoptii		
6. If amending the registered agent and/or regis registered agent and/or the new registered offic		r records, enter the na	me of the new
Name of New Registered Agent:			· <del>··</del>
New Registered Office Address:	F	r Florida Street Addre	
	Enter		
-	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the projand accept the obligations of my position as regional is being filed to merely reflect a changliability company has been notified in writing o	igent and agree to act in the per and complete performa gistered agent as provided , ige in the registered office o	is capacity. I further on the of my duties, and for in Chapter 605, F.	igree to comply with I am familiar with S. Or, if this

	ng persons are added as Manago		
itle/ Capacity	<u>Name</u>	Address <u>Ty</u>	pe of Action
Managei ———	Troy A. Koerselman	711 High Street	_ ■Add
		Des Moines, Iowa 50392	_ □Remo
Manager	Brenda M. Wadle	711 High Street	_ ■Add
		Des Moines. Iowa 50392	_ □Remo
∕lanagei ——	David Graves	711 High Street	2021 A  3
		Des Moines, Iowa 50392	31 ERemo
fanagei ——	Nathan G. Adams	711 High Street	 ⊙ ⊝ — ■Add
		Des Moines, Iowa 50392	_ □Remo
lanagei	Kevin J. Stubbs	711 High Street	■Add
		Des Moines, Iowa 50392	□Remo
aforementio	a certificate, if required: no more to need amendment(s), duly authenticated under the law of which this entity	ated by the official having custody of records in the	-

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PREMIER 3B/SOM FT.

MYERS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "PREMIER 3B/SOM FT. MYERS LLC" ON THE TWENTY-FIFTH DAY OF

AUGUST, A.D. 2021, AT 2:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID 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 "PREMIER 3B/SOM FT. MYERS LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2021.



Authentication: 204040283

Date: 08-30-21