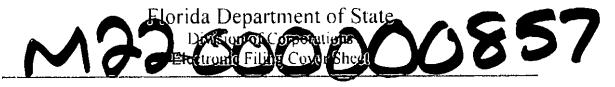
4/4/22, 1:43 PM

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.

(((H220001221103)))



H220001221103ABCL

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 : HOLLAND & KNIGHT LLP

Account Number : I20000000112 Phone : (305)789-7758 Fax Number : (305)789-7799

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 WGC 97TH PROPERTY, LLC

0
ı
02
\$55.00

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 appears on the records of the Florida Department of	
State: WGC 97TH PROPERTY, LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
The Florida document number of this limited liability company is:	
3. Jurisdiction of its organization: Delaware	
Date authorized to do business in Florida:	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the fimited liability company:	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Address — C	
City Slorida Zip Code	٠.
New Registered Agent's Signature, if changing Registered Agent: I hereby 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.	

If the amend	ment changes person, title or capa	acity in accordance with 605.0902(1)(e), indicate that	change:
itle/ Capacity	Name	Address	Type of Action
tanager	Drew DeWitt	2929 Arch Street, Suite 800	□Add
		Philadelphia, PA 19104	🖸 Remo
President and Secretary	Klaas F. Vliestra	2929 Arch Street, Suite 800	\S Add
		Philadelphia, PA 19104	□Remo
	<u></u>		□Add
			□Remo
			□Add
			□Remo
	<u></u>		□Add
aforementio		than 90 days old, evidencing the cated by the official having custody of records in the y is organized.	□Reme
	ist Klaas F.	Vliestra ature of the authorized representative	

Filing Fee: \$25.00