(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:
⊋. SILAS
> @X

Office Use Only



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7827 MAY 12 PH 9: 01

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 672429 4311305
AUTHORIZATION: Spelle Reman
COST LIMIT : \$60.00
ORDER DATE : May 12, 2022
ORDER TIME : 2:55 PM
ORDER NO. : 672429-005
CUSTOMER NO: 4311305
FOREIGN FILINGS
NAME: WSPT GLX FL GP LLC
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT#

### **COVER LETTER**

	ion Section of Corporations		
SUBJECT: WSI	PT Glx FL GP LLC		
	Name of Foreig	n Limited Liabil	ity Company
Dear Sir or Mada	m:		
The enclosed app	dication, certificate and fee(s)	are submitted fo	r filing.
Please return all o	correspondence concerning th	is matter to the fo	ollowing:
Ryan Boylan			
	Name of Person		
c/o Scyfarth Shaw I	"LP		
	Firm/Company		
620 Eighth Avenue	, FI 33		
	Address		
New York, NY 100	18		
	City/State and Zip Code	e	
mdilullo@workspac	ceproperty.com		
E-mail address	: (to be used for future annual	report notification	on)
For further inform	nation concerning this matter,	please call:	
Ryan Boylan		at ()	218-5252
N	ame of Person	Area Code &	& Daytime Telephone Number
Mailing Ac			treet Address:
_	ion Section		Legistration Section
	of Corporations		Division of Corporations
P.O. Box			he Centre of Tallahassee
Lallahass	see, FL 32314		415 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed	is a check for the following	amount:	
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing For Certified Cop	py Certificate of Status &
CR2E055 (9/15)			Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANYING FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

7877 HAY 12 PM 9: 0:

SECTION I (1-4 must be completed) SECRETARY OF STATE TALL AHASSEE, FL

1. Name of limited liability Company as it appear	s on the records of the Flori	da Department of			
State: WSPT Glx FL GP LLC					
Enter new principal office address, if applicable:	N/A (no change)				
( <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 lia	ability company is: M220000	001422			
3. Jurisdiction of its organization: Delaware					
4. Date authorized to do business in Florida:	ary 28, 2022				
SECTION II (5-9 complete only the applicable	changes)				
5 New name of the limited liability company: Go	alaxy Properties GP LLC				
(mus	t contain "Limited Liability	Company, ""L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting th	ng business in Florida and attach a le alternate name. The alternate name			
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or the new registered agent agent agent agent agent agent and/or the new registered agent	ed officer address on our rec ddress here:	ords, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida Street Address				
<del>_</del>	City	, Florida Zip Code			
No Position I.A. and Giran	•	rap coae			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change	nt and agree to act in this ca and complete performance o ered agent as provided for i	of my duties, and I am familiar with n Chapter 605, F.S. Or, if this			

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
ritle/ Capacity	Name Christopher Allen	<u>Address</u> 777 Yamato Road, Suite 105 Boca Raton, FL 33431	Type of Action		
cer					
<del></del>			□Add		
			□Rem		
			□Add		
			□Rem		
			□Add		
			□Remo		
<del></del>			DAdd		
aforemention	under the law of which this entity is or	by the official having custody of records in ganized.	□Remo		
	Signature	of the authorized representative			

Filing Fee: \$25.00



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

DELAWARE, DO HEREBY CERTIFY "GALAXY PROPERTIES GP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALAXY

PROPERTIES GP LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203394538

Date: 05-10-22

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "WSPT GLX FL GP LLC",
CHANGING ITS NAME FROM "WSPT GLX FL GP LLC" TO "GALAXY
PROPERTIES GP LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF
MAY, A.D. 2022, AT 10:23 O'CLOCK A.M.



Authentication: 203391411

Date: 05-10-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:23 AM 05/10/2022
FILED 10:23 AM 05/10/2022
SR 20221876297 - File Number 6449787

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- 1. The name of the limited liability company is WSPT Glx FL GP LLC.
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:
  - 1. The name of the limited liability company is Galaxy Properties GP LLC.

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Amendment as of May 10, 2022.

By: /s/ Thomas A. Rizk

Name: Thomas A. Rizk
Title: Authorized Person