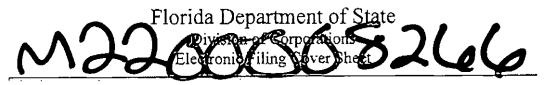
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132 : (305)374-7580 Phone Fax Number : (305)351-2122

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

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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 Departm	ent of
State: 4700 Salishury Property Owner GP I	LC	
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)		<u> </u>
2. The Florida document number of this limited lia M22000008266	· · · · · · · · · · · · · · · · · · ·	
3. Jurisdiction of its organization: <u>Delaware</u>		· · · · · · · · · · · · · · · · · · ·
4. Date authorized to do business in Florida:5/	25/2022	
SECTION II (5-9 complete only the applicable	changes)	
New name of the limited liability company: (must	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 mar must contain "Limited Liability Company," "L.L.C	aging members adopting the alternate	in Florida and attach an name. The alternate name
If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter dress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street	Address
	City	orida <u>Zip Code</u>
New Registered Agent's Signature, if changing Re		rther garee to comply with

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 603, 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.

8. If the amendm	ent changes person, title or capac	ity in accordance with 605.0902 (1)(e), indicate tha	t change:	
We are adding an Authorized Person.				
Title/ Capacity	<u>Name</u>	Address	Type of Action	
uthorized Person	Joseph C. Smith	1825 Main Street		
		Weston, FL 33326	□Remov	
		_	DAdd	
			□Remov	
			□Add	
			□Remo	
			□Add	
			□Remo	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
aforemention	certificate, if required: no more to ed amendment(s), duly authentica ander the law of which this entity	ated by the official having custody of records in th	□Remo	
	/s/Joseph C. Smith	ture of the authorized representative		

Filing Fee: \$25.00