

6/10/24, 9:58 AM

Division of Corporations

M22000013984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000202142 3))



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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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2024 JUN 10 PM 2:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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
PINE ISLAND WEST OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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DIVISION OF CORPORATIONS
DEPT. OF STATE, FLORIDA
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K. SALY

JUN 11 2024

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: Pine Island West Owner, 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)

2. The Florida document number of this limited liability company is: M122000013984

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/8/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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

_____, **Florida**
City *Zip Code*

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 Changing Registered Agent, Signature of New Registered Agent

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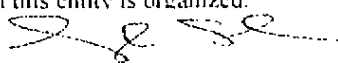
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change title of authorized person and add additional authorized persons.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Matthew P. Lawrence	7 Jackson Walkway	<input type="checkbox"/> Add
		Providence, RI 02903	<input checked="" type="checkbox"/> Remove
Manager	Gilbane Development Company	7 Jackson Walkway	<input checked="" type="checkbox"/> Add
		Providence, RI 02903	<input type="checkbox"/> Remove
AP	Matthew P. Lawrence	7 Jackson Walkway	<input checked="" type="checkbox"/> Add
		Providence, RI 02903	<input type="checkbox"/> Remove
AP	Alastair Jenkin	7 Jackson Walkway	<input checked="" type="checkbox"/> Add
		Providence, RI 02903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Molly Stolmeier

Typed or printed name of signee

Filing Fee: \$25.00

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