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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: February 16, 2024 ORDER TIME : 7:42 AM ORDER NO. : 323586-050 CUSTOMER NO: 8331866 FOREIGN FILINGS NAME: B10 QUIET WATERS OWNER A LLC CORPORATE \_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

## AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA** SECTION I (1-4 must be completed)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE

Name of limited liability Company as it appear  B10 Quiet Waters Owner A LLC	rs on the records of the Florida Department of
State: B10 Quiet Waters Owner A LLC  Enter new principal office address, if applicable:	602 W. Office Center Drive, Suite 200
(Principal office address	Fort Washington, PA 19034
MUST BE A STREET ADDRESS)	2024FEB
Enter new mailing address, if applicable:	- 12 <del>12 1</del>
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	SSC A
	デッ・9 円子 9
2. The Florida document number of this limited lia	ability company is: M23000008540
Jurisdiction of its organization:  Delaware	
4. Date authorized to do business in Florida: 06/2	29/2023
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	et contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City: Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	Address Ty	pe of Action
Managing Director	Warren W. Vaughan, Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	_ <b>=</b> Add
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	certificate, if required: no more than 90 and amendment(s), duly authenticated by	days old, evidencing the the official having custody of records in the	_ □Remov

Filing Fee: \$25.00