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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

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

Email A	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RLT3A ST PETERSBURG I LLC**

Certificate of Status	0
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S. ROBERTS

H23000245971

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 appear	rs on the records of the Florida De	partment of
State: RLT3A St Petersburg I LLC		
Enter new principal office address, if applicable:		
(<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)		2023 JF 1 B F
2. The Florida document number of this limited lis	ability company is: M2300000861	။ 8 <u>ယ</u>
3. Jurisdiction of its organization: Delaware		0
4. Date authorized to do business in Florida: June	29, 2023	
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: (must)		pany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.6	naging members adopting the alte	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, ddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	Smart Address
	Enter Florida.	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity and complete performance of my ered agent as provided for in Cha in the registered office address, I iis change.	y. I further agree to comply with duties, and I am familiar with upter 605, F.S. Or, if this hereby confirm that the limited
If C	hanging Registered Agent, Signat	ure of New Registered Agent

. If the amendment c	hanges person, title or capacity in ac	cordance with 605.0902 (1)(c), indicate th	at change:
itle/ Capacity	Name	Address	Type of Action
<u> </u>			□Add
			□Remov
			DAdd
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			□Add
		,	□Remov
			DAdd
			□Remov
			
aforementioned am	cate, if required: no more than 90 dendment(s), duly authenticated by the law of which this entity is organi	he official having custody of records in the	□Remov
	/s/ Kyle Har	TiS ne authorized representative	
	Kyle Harris, Authorized Person	•	

Filing Fee: \$25.00

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "RLT3A ST PETERSBURG I LLC", CHANGING ITS NAME FROM "RLT3A ST PETERSBURG I LLC" TO "WSLD ST PETERSBURG LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF JULY, A.D. 2023, AT 2:50 O'CLOCK P.M.



Authentication: 203735670 Date: 07-13-23

7526793 8100 SR# 20232978806

You may verify this certificate online at corp.delaware.gov/authver.shtml

H23000245971

Biani of Delaware
Secretary of State
Deviation of Corporations
Delivered 02:58 PM 07/12/2023
HILED 02:50 PM 07/12/2025
SR 22/29/2804 - Fia Number 15/16/92

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Petersburg LLC IN WITNESS WHEREOF, the undersigned have executed this Certification.		he Limited Li	ability Co	mpany:	WSLD St
IN WITNESS WHEREOF, the undersigned have executed this Certifi	Peterabur	rg LLC			
IN WITNESS WHEREOF, the undersigned have executed this Certif					
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