

M23 800015505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

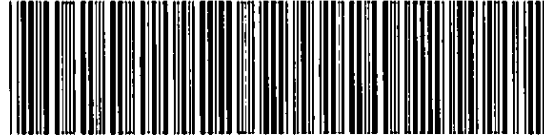
(Document Number)

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Office Use Only



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DIRECTOR OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/19/23  
Order #: 1355170-1  
Re: Southern Marinas Stock Island, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195 Authorization:

Please take the following action:

File in your office on basis  
Issue Proof of Filing

A handwritten signature in cursive script, appearing to read 'Alexxis Weiland-Sorenson'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Marinas Stock Island, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriela Martinez  
Name of Person

Hogan Lovells US LLP  
Firm/Company

1601 Wewatta Street, Suite 900  
Address

Denver, CO 80202  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Martinez at (303) 454 2599  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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2023 DEC 19 AM 11:32  
TALLAHASSEE, FL

**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: Southern Marinas Stock Island, LLC

Enter new principal office address, if applicable: n/a

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

*(Mailing address  
MAY BE A POST OFFICE BOX)*

n/a

2. The Florida document number of this limited liability company is: M23000015505

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 11, 2023

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

5. New name of the limited liability company: n/a  
(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: n/a

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

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

n/a

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

n/a

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Andrew Gendron	6671 W Indiantown RD STE 50-453	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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.

Nolen Taylor  
Signature of the authorized representative

Nolen Taylor, Chief Financial Officer

Typed or printed name of signee

Filing Fee: \$25.00