

M24000000566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/11/2024
Acc#I20160000072

en: c DW

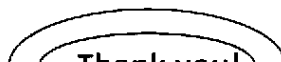
Name:	Johns Road Owner, LLC
Document #:	
Order #:	15757963

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Verifier _____
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Ref# _____

Amount: \$ **55.00**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johns Road Owner, 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:

Adam Ause

Name of Person

PCCP, LLC

Firm/Company

10100 Santa Monica Blvd., Ste 1000

Address

Los Angeles, CA 90067

City/State and Zip Code

aause@pccpllc.com

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

For further information concerning this matter, please call:

Adam Ause

Name of Person

at (310) 955-1265

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

**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: Johns Road 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)

2024 JUL 11 AM 9:31
CLERK OF COURT
TALLAHASSEE, FLORIDA

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2. The Florida document number of this limited liability company is: M24000000566

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 18, 2024

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

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	John D Altmeier	4777 Sharon Rd, Ste 520	<input checked="" type="checkbox"/> Add
		Charlotte, NC 28210	<input type="checkbox"/> Remove
Authorized Person	Neal Moskowitz	4777 Sharon Rd, Ste 520	<input checked="" type="checkbox"/> Add
		Charlotte, NC 28210	<input type="checkbox"/> Remove
Authorized Person	Gregory A Eberhardt	10100 Santa Monica Blvd, Ste 1000	<input type="checkbox"/> Add
		Los Angeles, CA 90067	<input checked="" type="checkbox"/> Remove
Authorized Person	Brian J Heafey	10100 Santa Monica Blvd, Ste 1000	<input type="checkbox"/> Add
		Los Angeles, CA 90067	<input type="checkbox"/> Remove

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

Stephen P Towle

Typed or printed name of signee

Filing Fee: \$25.00