

M24 000003134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

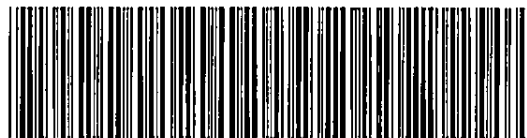
(Document Number)

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TALLAHASSEE, FLORIDA

R. HUNT

03/15/24

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

**Date:** 03/15/2024  
Acc#I20160000072

*mic SW*

Name:	GS Crown Point Owner, LLC
Document #:	
Order #:	15441183 - 1

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:	

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NOTARIAL  
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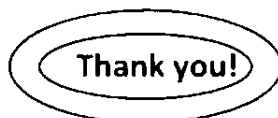
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Email Address for Annual Report Notifications:

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W.P. Verifier _____
Ref# _____

Amount: \$	55.00
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**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: GS Crown Point 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: M24000003134

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 03/12/2024

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

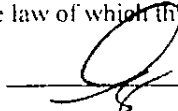
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

See Additional Sheet

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Heggie, Ashley	465 Meeting Street, Ste 500	<input checked="" type="checkbox"/> Add
		Charleston, SC, 29403	<input type="checkbox"/> Remove
AP	King, David	465 Meeting Street, Ste 500	<input checked="" type="checkbox"/> Add
		Charleston, SC, 29403	<input type="checkbox"/> Remove
AP	LoCorgne, Parker	465 Meeting Street, Ste 500	<input checked="" type="checkbox"/> Add
		Charleston, SC, 29403	<input type="checkbox"/> Remove
AP	Stoneburner, Lewis	465 Meeting Street, Ste 500	<input checked="" type="checkbox"/> Add
		Charleston, SC, 29403	<input type="checkbox"/> Remove
AP	Sullivan, Michael	465 Meeting Street, Ste 500	<input checked="" type="checkbox"/> Add
		Charleston, SC, 29403	<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

J. Derek Ramsey

Typed or printed name of signee

Filing Fee: \$25.00

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AP Wigfield, Todd 465 Meeting Street, Ste 500, Charleston, SC, 29403 Add

AP Faith, Robert A. 465 Meeting Street, Ste 500, Charleston, SC< 29403 Add

AMBR GS Crown Point Holdings, LLC 465 Meeting Street, Ste 500, Charleston, SC, 29403 Add

AP Warren, Matthew 465 Meeting Street, Ste 500, Charleston, SC< 29403 Add

2024 FEB 15 AM 7:20  
FILED  
CLERK OF COURT  
JANUARY 15, 2024