

M22000008327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

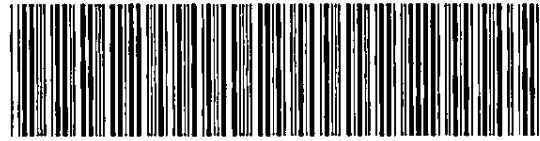
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL 01 2022
A. LUNT

Office Use Only



700389601947

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATE AFFAIRS
2022 JUN 30 AM 11:17

RECEIVED
2022 JUN 30 AM 10:48
SANTA ANA COUNTY
CITY CLERK
CITY OF SANTA ANA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/30/2022

****WALK IN****

ENTITY NAME ST PETE 1211 OWNER, LLC

DOCUMENT NUMBER M22000008327

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

S. R. J. M.

Please call Tina at the above number for a price quote on additional services. Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST PETE 1211 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:

Michele Conway

Name of Person

Kettler Inc.

Firm/Company

8255 Greensboro Drive, Suite 200

Address

McLean, VA 22102

City/State and Zip Code

mconway@kettler.com

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

For further information concerning this matter, please call:

Michele Conway at (703) 852-5734

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

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATE STATEMENTS
2022 JUN 30 AM 11:17

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: ST PETE 1211 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: M22000008327

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 26, 2022

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

2022 JUN 30 AM 11:17
 SECRETARY OF STATE
 DIVISION OF CORPORATE AFFAIRS

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:

The manager has changed from Kettler Asset Management LLC to ST PETE JV LLC

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Kettler Asset Management LLC	8255 Greensboro Drive, Suite 200 McLean, VA 22102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	ST PETE JV LLC	8255 Greensboro Drive, Suite 200 McLean, VA 22102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <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.

Michele Conway

Signature of the authorized representative

Michele Conway, Assistant Secretary of Kettler Inc., manager of Kettler Asset Management LLC, manager of Kettler St. Pete LLC, managing member of ST PETE JV LLC

Typed or printed name of signee

Filing Fee: \$25.00