

F230000005211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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28/26/23

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

**Date:** 09/26/2023  
Acc#I20160000072

*en: c SW*

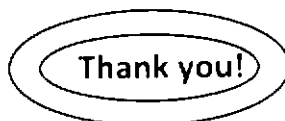
Name:	TMT Lyons Technology Center, Inc
Document #:	
Order #:	15137814 - 9

Certified Copy of Arts & Amend:	<input type="checkbox"/>		2023 Sep 26 PM 12:40
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **43.75**



**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F23000005211

(Document number of corporation (if known))

1. TMT Lyons Technology Center, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. September 12, 2023

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Albert J. Jehle	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<input type="checkbox"/> Remove
Vice Pres	Tuba Malinowski	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<input type="checkbox"/> Remove
Vice Pres	David Nix	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<input type="checkbox"/> Remove
Vice Pres	Sol. A Raso	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<input type="checkbox"/> Remove
Vice Pres	Mark Carlson	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<input type="checkbox"/> Remove

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OFFICE OF THE CLERK  
STATE OF CALIFORNIA

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Drew Stepanek  
Drew Stepanek (Oct 3, 2023 10:34 PDT)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Drew Stepanek

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35.00**