

F23000005211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

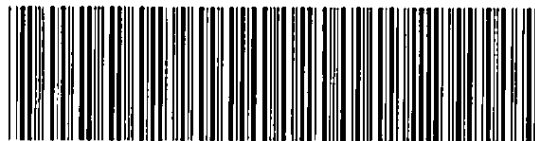
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

2023 SEP 26 PM 12:03

2023 SEP 26 AM 11:17

AM 11:17

CLERK OF COURT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*02250,00524,00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: TMT LYONS TECHNOLOGY CENTER, INC.
Ref. Number: F23000005211

CORRECTED
Please Allow For
Same File Date:
2023 SEP 26 PM 12:03
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We have received your document for TMT LYONS TECHNOLOGY CENTER, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a foreign limited liability company and your entity is a foreign corporation. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 823A00022326

2023 OCT -5 AM 10:02
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Date: 09/26/2023
Acc#I20160000072

en: c DW

Name:	TMT Lyons Technology Center, Inc
Document #:	
Order #:	15137814 - 5

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>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TMT Lyons Technology Center, Inc.

Name of Corporation

DOCUMENT NUMBER: F23000005211

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chanel Rutherford

Name of Contact Person

Alston & Bird

Firm/Company

1201 West Peachtree Street

Address

Atlanta, GA 30309

City/State and Zip Code

chanel.rutherford@alston.com

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

For further information concerning this matter, please call:

Chanel Rutherford

at (404) 881-4542

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 SEP 26 PM 12:03
TALLAHASSEE, FL

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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TALLAHASSEE, FL

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>
Vice Pres	Jeffrey Brunette	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<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

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 10/27/2023 12:34 PM

(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

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TALLAHASSEE, FL