M12 000003544

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP . WAIT . MAIL
(Dusings Enth None)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.7
57 \$18

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

SECTION I (1-4 must be completed)

2022 HAY 10 AH 5: 44

1. Name of limited liability Company as it appear	urs on the records of the Flo	orida Department of
State: TERRENO 78TH AVENUE LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> 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 l	iability company is: M120	00003548
3. Jurisdiction of its organization: DELAWARE		
4. Date authorized to do business in Florida: $\frac{6/2}{2}$	2/12	
SECTION II (5-9 complete only the applicable		
 New name of the limited liability company: (mu 	st contain "Limited Liabilit	ty Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	d for the purpose of transac anaging members adopting .C." or "LLC.")	eting business in Florida and attach a the alternate name. The alternate name
6. If amending the registered agent and/or registe registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	Florida Street Address
_	City	, Florida

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

Thereby 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action		
AP Jaime	Jaime Cannon	101 Montgomery Street, Suite 200	= Add		
		San Francisco, CA 94104	□Remo		
P	Ross Giglio	101 Montgomery Street, Suite 200	\ Add		
		San Francisco, CA 94104	□Remo		
P	Jacob DeConinck	101 Montgomery Street, Suite 200	≣ ∧dd		
	San Francisco, CA 94104	□Remo			
			□Add		
		□Remo			
			□Add		
aforemention	ned amendment(s), duly authenti- inder the law of which this entity	e than 90 days old, evidencing the icated by the official having custody of records in the y is organized. A LA	□Remo		

Filing Fee: \$25.00