## M1700008980

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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A. RIVERS FEB 2 0 2023



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2022 NOV 16 AM 8: 10

## 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)

State: TERRENO ROUTE 100 LLC  Enter new principal office address, if applicable:		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M1700000	8980
3. Jurisdiction of its organization: DELAWARE		<del></del>
4. Date authorized to do business in Florida: 10/30		
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company:	and the state of the control of the	"" - "I I C"
5. New name of the limited liability company: (must	r contain - Limited Liability CC	ompany, L.L.C., or LLC.
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting naging members adopting the a C." or "L.L.C.")	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or registered agent and/or the new registered agent	ed officer address on our record	ds. enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		1.0
	Enter Florid	la Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	·
I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change	nt and agree to act in this capa and complete performance of i ered agent as provided for in C	my duties, and I am familiar with Chapter 605, F.S. Or, if this

itle/ Capacity	Name	Address	Type of Action
AP	Stephen Lueck	101 Montgomery Street, Suite 200	<b>=</b> Add
		San Francisco, CA 94104	□Remo
	<del></del>		□Add
			□Remo
			□Add
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			□Add
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aforemention	under the law of which this entity is org	by the official having custody of records in t	□Remo he

Filing Fee: \$25.00