

M21000004649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Y SULKER

FEB 08 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 462054 8237458

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 7, 2022

ORDER TIME : 10:53 AM

ORDER NO. : 462054-030

CUSTOMER NO: 8237458

FOREIGN FILINGS

NAME: EXETER WEST PALM LAND, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Exeter West Palm Land, 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)

Five Radnor Corporate Center

100 Matsonford Road, Suite 250

Radnor, PA 19087

2. The Florida document number of this limited liability company is: M21000004649

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/19/2021

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.

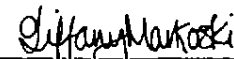
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:
added authorized persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	J. Peter Lloyd	EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Jason Borrelli	EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Jason Honesty	EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Brian Fogarty	EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	<input checked="" 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.



Signature of the authorized representative

Tiffany Markoski

Typed or printed name of signer

Filing Fee: \$25.00