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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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Office Use Only

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

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ACCOUNT NO.	: I2000000195
REFERENCE	
AUTHORIZATION	: Sprelle man
COST LIMIT	: \$ 25.00
ORDER DATE : February 7, 2022	

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- ORDER TIME : 10:51 AM
- ORDER NO. : 462054-005
- CUSTOMER NO: 8237458

## FOREIGN FILINGS

NAME: EXETER 5803 N 54TH, LLC

CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 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:				
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:	Five Radnor Corporate Center			
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	100 Matsonford Road, Suite 250			
	Radnor, PA 19087			
2. The Florida document number of this limited	liability company is:			
3. Jurisdiction of its organization:				
4. Date authorized to do business in Florida: 12/14/2021				
SECTION II (5-9 complete only the applicable	e changes)			
5. New name of the limited liability company: (m	دن الجربية ust contain "Limited Liability Company, " "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or m must contain "Limited Liability Company," "L.I	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate nameC." or "LLC.")			
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, enter the name of the new address here:			
Name of New Registered Agent:				

New Registered Office Address:

Enter Florida Street Address

. Florida \_\_\_\_\_ Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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.

City

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: added authorized persons

. . . .

Title/ Capacity	Name	EQT Exeter	Type of Action
Authorized Person	J. Peter Lloyd	Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	
		EQT Exeter Five Radnor Corporate Center	🗆 Remove
Authorized Person	Jason Borrelli	100 Matsonford Road, Suite 250 Radnor, PA 19087	■Add
			🗆 Remove
Authorized Person	Jason Honesty	EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	■Add
Authorized Person	Brian Fogarty	EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA 19087	🖬 Add
			🗆 Remove
			🗋 Add
aforemention	inder the law of which this entity	ated by the official having custody of records in the	□Remove

Signature of the authorized representative

Tiffany Markoski

Typed or printed name of signee

Filing Fee: \$25.00