| N21000016994 | | | | |
|--|--------------------------|--|--|--|
| (Requestor's Name) (Address) | 900381177939 | | | |
| (Address) (City/State/Zip/Phone #) | | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | 2022 FEB - 7 PH | | | |
| Special Instructions to Filing Officer: | 3:36 2177715 - 7 A | | | |
| Office Use Only | Y SULKER FEB 0 8 2022 | | | |

۰.

· · · · · ·

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

ACCOUNT NO. : I2000000195

REFERENCE : 462054 8237458

AUTHORIZATION :

deman COST LIMIT : 5.00 \$ _____

- ORDER DATE : February 7, 2022
- ORDER TIME : 10:52 AM

- ORDER NO. : 462054-015
- CUSTOMER NO: 8237458

FOREIGN FILINGS

NAME: EXETER 6955 NW 36TH, LLC

____ CORPORATE ____ LIMITED PARTNERSHIP XX 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

,

.

| 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: <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>) | | |
|---|------------------------------------|--|
| MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address | | |
| Mailing address | Five Radnor Corporate Cente | |
| | | ;; |
| | 100 Matsonford Road, Suite | 250 |
| | Radnor, PA 19087 | |
| 2. The Florida document number of this limited | liability company is: | 994 |
| Delaware | | |
| Date authorized to do business in Florida: | 2/14/2021 | |
| SECTION II (5-9 complete only the applicable | | |
| New name of the limited liability company: (m) | ust contain "Limited Liability Con | npany, " "L.L.C" or "EEC.") |
| If name unavailable, enter alternate name adopt copy of the written consent of the managers or n nust contain "Limited Liability Company," "L.I | nanaging members adopting the al | usiness in Florida and attach a ternate name. The alternate name |
| 5. If amending the registered agent and/or registered agent and/or the new registered office | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida | 1 Street Address |
| | | |
| - | City | , Florida Zip Code |

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:

٠

.

.

.

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 | 🗖 Add |
| Authorized Person | Jason Borrelli | EQT Exeter Five Radnor Corporate Center | 🗆 Remove |
| | 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 |
| | | | □Remove |
| Authorized Person | Brian Fogarty | EQT Exeter Five Radnor Corporate Center 100 Matsonford Road, Suite 250 Radnor, PA-19087 | |
| | | 🗆 Remove | |
| | | 🗆 Add | |
| aforemention | ned amendment(s), duly authent ander the law of which this entited | Manufartoski | 🗆 Remove |
| | Sig | nature f the authorized representative | |

Tiffany Markoski

Typed or printed name of signee

Filing Fee: \$25.00