## M2300003008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Onyotate/Ziprenone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · ·
(Degrament Marshar)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 7 ming Ginesi:

Office Use Only



700405345817

LLC Amend



A. RAMSEY MAY 27 2023

## **COVER LETTER**

	-	stration Section ion of Corporations			•
SUBJE	CT:	TS 2451 First Street LLC			
		Name of Foreig	n Limited Lia	bility Cor	npany
Dear Si	r or M	1adam:			
The enc	losed	application, certificate and fec(s)	are submitted	for filing	<b>!</b> .
Please r	eturn	all correspondence concerning th	is matter to the	e followir	ng:
Eileen H	leflin				
		Name of Person		<del></del>	
Town Sc	quare f	Real Estate Holding LLC			
		Firm/Company			
325 Sent	iry Pkv	vy, Bldg 5W, Suite 230		_	
		Address		_	
Blue Bel	II, PA	19422			
		City/State and Zip Cod	t	_	
cheflin@	)towns	quaremgmt.com			
E-ma	il add	ress: (to be used for future annual	report notifies	ation)	
For furtl	her in	formation concerning this matter,	please call:		
Eileen H	eflin		at (	920-45	23
		Name of Person	Area Code	e & Dayt	ime Telephone Number
:	Regis Divis P.O. I	tration Section ion of Corporations Box 6327 hassee, FL 32314		Divisio The Ce 2415 N	ation Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303
□ <b>\$2</b> 5 F		Fee \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filing Certified (		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## 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	s on the records of the Florida	Department of	
State: TS 2451 First Street LLC			A.X
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)			Sol Marie St.
2. The Florida document number of this limited lia	bility company is: M23000003	008	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: Marc	h 9, 2023		
SECTION II (5-9 complete only the applicable o	changes)		
5. New name of the limited liability company: (must	contain "Limited Liability Co	mpany, " "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	naging members adopting the a	business in Florida and attach a Iternate name. The alternate nam	ne
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our record	ls, enter the name of the new	
Name of New Registered Agent:	<del></del> -		
New Registered Office Address:			
	Enter Floria	la Street Address	
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of the	it and agree to act in this capa and complete performance of n ered agent as provided for in C in the registered office address	ny duties, and I am familiar with Hapter 605, F.S. Or, if this	!

3. If the ameno		eccordance with 605,0902 (1)(e), indicate that	change:
Fitle' Capacity	Name	Address	Type of Action
Manager	Town Square Real Estate Holding LLC	325 Sentry Parkway, Bldg. 5W, Suite 230	⊐Add
		Blue Bell, PA 19422	≣Remo
Member	Town Square Real Estate Holding LLC	268 Mooring Line Drive	■Add
		Naples, Ft. 34102	□Remo
dember	Robert Platzer	268 Mooring Line Drive	□Add
		Naples, F1, 34102	\Remov
Authorized Person	Robert Platzer	268 Mooring Line Drive	<b>≣</b> Add
		Naples, FL 34102	□Remov
			□Add
aforemention	nder the law of which this entity is organ	he official having custody of records in the	□Remov

Filing Fee: \$25.00