

M23000011657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

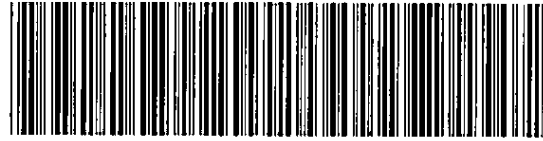
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DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10/19/23  
R. HUNT

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/19/2023

Acc#120160000072

*W: C SW*

Name:	TMT 4701 Johnson Road, LLC
Document #:	
Order #:	15180794

Certified Copy of Arts & Amend:	<input type="checkbox"/>		DIVISION OF CORPORATIONS 2023 OCT 19 PM 12:40
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

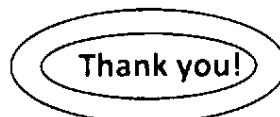
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**



**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: TMT 4701 Johnson Road, L.L.C

Enter new principal office address, if applicable: 4 Embarcadero Center, Suite 3300

(Principal office address  
MUST BE A STREET ADDRESS) San Francisco, CA 94111

Enter new mailing address, if applicable: 4 Embarcadero Center, Suite 3300

(Mailing address  
MAY BE A POST OFFICE BOX) San Francisco, CA 94111

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

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/12/2023

**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

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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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice Pres	Kevin Dolan	4 Embarcadero Center, Suite 3300	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94111	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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DIVISION OF CORPORATIONS

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.

/s/ Kevin Dolan

Signature of the authorized representative

Kevin Dolan

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**