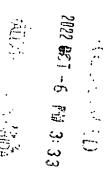
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(Requestor's Name)
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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 967720 AUTHORIZATION COST LIMIT ORDER DATE: September 22, 2022 ORDER TIME : 1:53 PM ORDER NO. : 967720-185 CUSTOMER NO: 7731108 CHANGE OF AGENT NAME: TV&C GP HOLDING, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: TV&C GP HO	DLDING, LI	-C		
	<u>-</u>				
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of I	imited liability company: POST OFFICE BOX)
	8100 West Florissant Avenue		8100 West Florissant Avenue St. Louis, MO 63136		
	St. Louis, MO 63136				
	11/10/2009		M090000	04436	
3.	Date of filing/registration in Florida	4.		Document numb	ber
5. (a)					
. (.,	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Sta	ite:	
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	1200 SOUTH PINE ISLAND ROAD				-1
	PLANTATION I	33324		_	FILE PARTY OF TALL AND ASSETS.
		. 5		_	網9 1
(b)				_	9-6
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:		
	Corporation Service Company				ي ۾
	NEW Registered Office Address:			_	01
	1201 Hays Street	.		_	
	Tallahassee	32301			
		. 12		_	
If the I change	imited liability company is not organized under the li or changes are made, the Florida street address of the	aws of the	State of Fl	orida, it is hereby	confirmed that after the
agent v	vill be identical. Or, in the case of a Florida limited	liability co	mpany, it i	s hereby confirme	ed that the change(s)
was/we the arti	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	s of the lim le limited l	ited liabilit iability cor	ty company or as	otherwise provided in
/S/	JILL CILMI		•	JTHORIZED PER	RSON
Signa	ture of a member or authorized representative of a member	-		Printed or typed na	
provisi the obl to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ly reflect a change in the registered office address, i I in writing of this change.	e performe led for in C I hereby co	ince of my hapter 603 infirm that	duties, and I am f 5, F.S. Or, if this the limited liabili	familiar with and accept document is being filed ty company has been
<u> </u>	Unaca Cokuble	GRACI	a E. KIRBY	Y. ASST. VICE P	RESIDENT
Signatu	re of Registered Agent				