The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: WILLIAM MCELLEN			04/28/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MEMBER	
Name	HOLIFIELD, GREGORY A	Name	GABRIEL, MATTHEW	
Address	1130 BUSINESS CENTER DRIVE	Address	1130 BUSINESS CENTER DRIV	Έ

**101 GORDON STREET** SANFORD, FL 32771

#### **Current Mailing Address:**

DOCUMENT# L10000025448

Entity Name: TESSERACT SENSORS, LLC

**Current Principal Place of Business:** 

1130 BUSINESS CENTER DRIVE LAKE MARY, FL 32746 US

City-State-Zip: LAKE MARY FL 32746

### FEI Number: 27-2132994

#### Name and Address of Current Registered Agent:

MCELLEN, WILLIAM 1130 BUSINESS CENTER DR LAKE MARY, FL 32746 US

## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY HOLIFIELD

MANAGER

City-State-Zip: LAKE MARY FL 32746

04/28/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Apr 28, 2017 Secretary of State CC0005602158

Certificate of Status Desired: No