L10000025448

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COVER LETTER

Division of Corporations	
SUBJECT: Tesseract Senso	ors, LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Kaitlin L. Pinette, Esq. Name of Person	
Entia, LLC	
Firm/Company	
1130 Business Center Drive	
Lake Mary, FL 32746 City/State and Zip Code	
legal@entiaventures.com E-mail address: (to be used for future annual report r	notification)
For further information concerning this matt	er, please call:
Kaitlin Pinette	at (407) 952-0166
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the	limited liability company: Te	esseract Sensors, LLC			·	<u> </u>
2. (a) Principa (Note:	l office address of limited liab MUST BE STREET ADDR	oility company: <u>ESS</u>)	101 Gordon Street Sanford, FL 32771			
(b) Mailing (Note:	address of limited liability co	mpany: <u>OX</u>)	101 Gordon Street Sanford, FL 32771			
03/08/20	g/registration in Florida		L10000025448 L Document number			
5. (a) Registe	red Agent and Registered Off			ida Dept. of	f State	:
Registe	red Office Address:		301 E Pine Street Orlando, FL 32801			
(b) Enter na	me of <u>NEW Registered Age</u>	nt and/or <u>NEV</u>	Registered Office	<u>address</u> :		
<u>NEW</u> F	Registered Agent:		Matt Gabriel		<u> </u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		DRESS)	1130 Business Center Drive		L_327	
confirmed that and the busines liability compa the members of the operating a Signature of thems.	ability company is not organizater the change or changes are soffice of the registered agenty, it is hereby confirmed that it the aminod liability company provided the limited liability company of the appointment as registered in t	re made, the Flot will be identi- t the change(s) or as otherwis ty company.	orida street address of cal. Or, in the case o was/were authorized e provided in the artic	f the registe f a Florida l by an affirm cles of orga	red of limited native inization	vote of on or
Signature of Regist	ered Agent					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00