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(Re	equestor's Name)	
	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opedial institutions to	Timing Offices,	

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SECRETARY OF STATE ALLAMASSEE FLORIS

APPROYED AND FILED

1.0

COVER LETTER

TO:	Registration Section Division of Corporations			
eun 16	TESSERACT TECHNOLOG	IES LLC		
SUBJE	Name	e of Limited	Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to th	ne following:	
SARA	NYA PALANISWAMY			201
	Name of Person			a Pr
TESS	SERACT TECHNOLOGIES LLC			APPRODE FALER
	Firm/Company	<u> </u>		新宝
1338	0 SW 46TH STREET			PM 6: 27
	Address			
MIAN	AI, FL 33175			
	City/State and Zip Code			
	nya.dpy@gmail.com			
·	E-mail address: (to be used for future and	nual report no	otification)	
For fu	orther information concerning this matter	, please call:		
SAR	ANYA PALANISWAMY	786	202-2252	
	Name of Person		Area Code & Daytime Teleph	one 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	g amount:		
	S25 Filing Fee	Ľ	1 \$55 Filing Fee & Certified Copy	

1NHS18 (2/14)

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.

Nar	me of the limited liability company: TESSERACT	TECHN	OLOGIE	SLLC			
1	Principal Office Address	(b`	Mailing A	Address			
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	```		Mailing address of limite (Note: MAY BE POS			
	13380 SW 46TH STREET		13380 S	W 46TH STREE	T		
	MIAMI, FL 33175	_	MIAMI, I	FL 33175			
	06/14/2018		L1800014	46739			
-	Date of filing/registration in Florida	4.		Document number			
Z1	Current Registered Agent Information						
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	te:	_ ,,	20	
	SARANYA PALANISWAMY				产语	H 61	7-3
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	_		2019 MAR 12	n 1
	1921 SW 136TH WAY					2	
	MIRAMAR	33027			部副	PH	LED NO ACT
	New Registered Agent Information				087	6: 2	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	L Office ad	dress		TA	<u> </u>	
	timer name of NEW Registered Agent and of NEW Registers						
	SARANYA PALANISWAMY						
	NEW Registered Office Address:						
	18564 SW 55TH ST			_			
	MIRAMAR FI	33029					
he cha igent v was/w he art	imited liability company is not organized under the lainge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	t the regi iability e of the ling c limited	stered offic ompany, it nited liabili liability co	is hereby confirmed ity company or as of	that the	chang	gistereti ge(s)
X	Sarampa Dhamin		TANTA	Printed or typed name	e of signee		
I here provis the ob- to mer notifie	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. Security Discussion of Registered Agent.	gree to ac e perforn ed for in Thereby c	t in this ca nance of my Chapter 60 confirm tha	main Hurther act	rea to con	males	vith the d accept ng filed been