## MOI 000001869

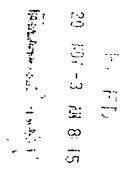
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 30, 2020

Order#: 462358-081

Re: TESORO GROVES MANAGEMENT, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  E 1600  STON, TX 77056  /2001  Date of filing/registration in Florida |  | НС   | -  | address of limite MAY BE POS   | -  | _  |
|--|--|--|--|--|--|--|
| STON, TX 77056<br>/2001<br>Date of filing/registration in Florida  | <br>   | НС   | DUSTON, TX   | 77056  |  |  |
| /2001  Date of filing/registration in Florida  | - <del></del>  | -  |  | 77056  |  |  |
| Date of filing/registration in Florida   | <del></del> 4.   | M01  | 000001869  |  |  |  |
| - •  | 4.   |  |  |  |  |  |
| ORPORATION SYSTEM  |  |  | Docum  | nent number  |  |  |
|  |  |  |  |  |  |  |
| red Agent and Registered Office shown on the records   | of the Flori   | da Dept  | of State:  |  |  |  |
| SOUTH PINE ISLAND ROAD   |  |  |  |  |  |  |
| ered Office Address (MUST BE FLORIDA STREE   | ET ADDRE.  | <br>SS)  | <del></del>  |  |  |  |
|  |  |  |  |  |  |  |
| NTATION  | FL_33324   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ame of NEW Registered Agent and/or NEW Registe   | red Office a   | <u>ddress</u>  | :  | Ţ.   | (C)  |  |
| oration Service Company  |  |  |  | <br>   | 7.   |  |
|  |  |  |  | ŀ  | Ι.   | ٠,   |
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| Trays Sireet   | <del></del>  |  |  | خ  |  | - 4  |
|  | 20204  |  |  | -  | ထ  |  |
| nassee   | FL   |  |  | •  | 75   |  |
|  | ATATION  amc of NEW Registered Agent and/or NEW Register oration Service Company  Registered Office Address:  Hays Street  hassee  liability company is not organized under the nges are made, the Florida street address of | ATATION , FL 33324  Tame of NEW Registered Agent and/or NEW Registered Office a poration Service Company  Registered Office Address:  Hays Street  This is not organized under the laws of the negs are made, the Florida street address of the registered of the registered and the re | ATATION , FL 33324  ATATION , FL 32301  ATATION , FL 32301 | ATATION  TATION  THE STREET ADDRESS  ATATION  THE STREET ADDRESS   | ATATION  THE STREET ADDRESS  WITATION  THE STREET ADDRESS  THE STR | ATATION  FL 33324  Ame of NEW Registered Agent and/or NEW Registered Office address:  Oration Service Company  Registered Office Address:  Hays Street |

Signature of Registered Agent
Grace E. Kirby. Asst. Vice President of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

## 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: TESORO GROV  | /ES MANAG   | GEMENT, L.L.C.  |                               |  |  |  |
|--|--|---|---|-------------------------------|--|--|--|
| 2. (a)   | THREE RIVERWAY   | (b) T   | (b) THREE RIVERWAY  |                               |  |  |  |
| J. (4)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (°)   | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)   | <i>r</i> :                    |  |  |  |
|  | SUITE 1600   | SI  | HOUSTON, TX 77056   |                               |  |  |  |
|  | HOUSTON, TX 77056  | H   |   |                               |  |  |  |
|  | 08/16/2001   | МО  | 01000001869   |                               |  |  |  |
| 3.   | Date of filing/registration in Florida   | 4.  | Document number   |                               |  |  |  |
| 5. (a)   | C T CORPORATION SYSTEM   |   |   |                               |  |  |  |
|  | Registered Agent and Registered Office shown on the records of   | the Florida Der   | ept, of State:  |                               |  |  |  |
|  | 1200 SOUTH PINE ISLAND ROAD  |   |   |                               |  |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET)   | <del></del>   |   |                               |  |  |  |
|  | PLANTATION , FL  | 33324   |   |                               |  |  |  |
|  |  |   |   |                               |  |  |  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered   | Office address  |   |                               |  |  |  |
|  | Enter taune of NEW Registered Agent and/or NEW Registered  | Office address  | 33.   |                               |  |  |  |
|  | Corporation Service Company  |   |   |                               |  |  |  |
|  | NEW Registered Office Address:   |   |   |                               |  |  |  |
|  | 1201 Hays Street   | <del>.</del>  |   |                               |  |  |  |
|  | Tallahassee, FL  | 32301   | <del></del>   |                               |  |  |  |
| change<br>agent<br>was/w                         | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the                              | registered o<br>ability compa<br>of the limited                 | office and the business office of the registere<br>pany, it is hereby confirmed that the change(s<br>d liability company or as otherwise provided   | ed<br>s)                      |  |  |  |
|  | Xie E almi   | Jill Cilm   | ni, Authorized Person   |                               |  |  |  |
| I here<br>provis<br>the ob-<br>to mer<br>notifie | ature of a member or authorized representative of a member by accept the appointment as registered agent and agrions of all statules relative to the proper and complete ligations of my position as registered agent as provided selv reflect a change in the registered office address, I had in writing of this change. | ee to act in t<br>performance<br>I for in Chap<br>nereby confir | Printed or typed name of signee this capacity. I further agree to comply with se of my duties, and I am familiar with and a spter 605, F.S. Or, if this document is being irm that the limited liability company has be | i the<br>ccept<br>filed<br>en |  |  |  |
| Grace I  | E. Kirby, Asst. Vice President of Corporation Service Company  |   |   |                               |  |  |  |

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