MO4000 00A 557

(Requestor's Name)					
(Address)					
(Address)	····				
(City/State/Zip/Phone	e #)				
PICK-UP WAIT	MAIL				
(Business Entity Nam	ne)				
(Document Number)					
Certified Copies Certificates	of Status				
Special Instructions to Filing Officer:					

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ANTO PASSE DE LOGILIA

T SCHROEDER.



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: October 8, 2019

Order#: 929194-246

Re: TSN EAST, LLC

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: Ami Casper

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.

	ame of the limited liability company: TSN EAST, LLC					
2. (a)	One CityPlace Drive, Suite 200 Principal office address of limited liability company:	(b)		lailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE PO	-	
	St. Louis, MO 63141					
	10/25/2004		M0400000	4557		
3.	Date of filing/registration in Florida	4.	I	Document numbe	er	
5. (a)	Corporate Creations Network Inc.					
(u)	Registered Agent and Registered Office shown on the records of t	he Florida I	ept. of State:			
	11380 Prosperity Farms Road, #221E				1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				19 (Si.u	
					# 0CT 10	77
	Palm Beach Gardens , FL	33410				TI
					MII: 24 Proprii	Ü
(b) _		4) OF 11			3: :	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:		MII: 24 Segonius	
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee . FL	32301				
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability con If the limit	ered office a apany, it is ed liability	and the business hereby confirme company or as o	office of the r d that the char	egistered ige(s)
	Xel C. Ware	Jill Ci	mi, Authori	ized Person		
Signa	the of member or authorized representative of a member			Printed or typed nan	ne of signee	
provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It does not the change in the complete address and the change in the change.	ee to act i performar I for in Ch wreby cor	n this capua ace of my di apter 605, firm that th	city. I further ag uties, and I am fo F.S. Or, if this o he limited liabilit	gree to comply amiliar with a document is be ty company ha	with the nd accep ing filed s heen
Signatu	tre of Registered Agent Corporation Service Company	BY: Am	ii M. Casp	er, Asst. Vice F	President	

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