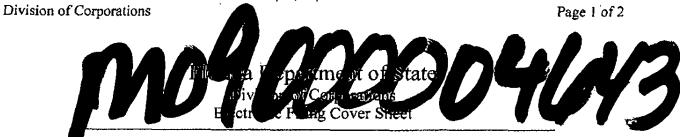
2/8/2016 10:15:10 AM From: To: 8506176383( 1/2 )



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Account Name : C T CORPORATION SYSTEM

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2 III ()

## LLC REGISTERED AGENT CHANGE TESSERACT OPERATING LLC

Certificate of Status	0
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

## 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. Ne	ame of the limited liability company: TESSERACT (	OPER	RATING L	LC	<del></del>		
2. (a)							
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((	·//	Malfing addres	s of limite BE POS	d liability TOFFIC	company;
	315 East Robinson Street, Suite 450						<del></del>
	Orlando, FL 32801	- -					
	11/25/2009		M090000	04643			
	Date of filing/registration in Florida	4.		Document i	number		<del></del>
. (a)	NATIONAL CORPORATE RESEARCH, LTD.	, INC.					
. (a)	Registered Agent and Registered Office shown on the records of the			- D:			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	2	-			
	155 OFFICE PLAZA DRIVE						
	TALLAHASSEE , FL 3	2301		•			
(b)	C T Corporation System				<b>5</b> '	~3	
• , ,	Enter name of NEW Registered Agent and/or NEW Registered Of	Mice ade	iress:		ECKET	2016 FEB	
•	NEW Registered Office Address:			-	3SS AUV	8	
	1200 South Pine Island Road				in si	ט	
	Plantation , FL 3:	3324		•	SIATE	70 :1 C	
e char ent w as/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liabing authorized by an affirmative vote of the members of the seles of organization or the operating agreement of the line.	e regis lity co he limi nited li	tered office mpany, it is ited liability lability com	and the bus hereby cont company of pany.	iness of firmed the r as othe	nfirmed fice of the nat the c rwise p	he registered change(s) rovided in
	- Alas	Aro	n Ain, Aut	horized Re	<u> </u>		
-	ore of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of any position as registered agent as provided for reflect address, I her interiting of this change.	to act rforma or in C eby co	in this capa ince of my a hapter 605 nfirm that i	Printed or type acity. I furth luties, and I F.S. Or, if he limited li		-	ply with the h and accep s being filed has been
gnatur	Division of Corporations P.O. Box	ASSEST ( 6327)	ienta-cha Avt &= car • Tallahas:	TARY ice, FL 3231	14		