M13000006242

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

Office Use Only



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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: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076959-239

Re: TIAC 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

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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.

	431 W. Lancaster Avenue	_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_	333 South 7th Street, 27th Floor
	Devon, PA 19333	_	Minneapolis, MN 55402
	10/02/2013		M13000006242
	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 ti	he Florida	Dept. of State:
	1200 S. Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	19 (19)
		_ _	
	Plantation F1.	33324	6 g
			P &
	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	19 DCC -9 PH 3: 49
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee	32301	
he cha igent v vas/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable and prized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regis ibility co f the limi	ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Xel E. Whee	Jill C	ilmi, Authorized Person
	ture of a member or authorized representative of a member		Printed or typed name of signee
Signa			

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