

MISSOURI

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

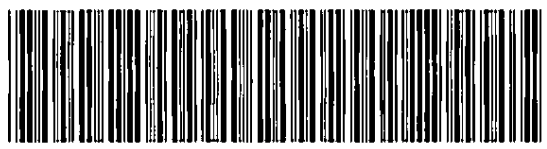
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200358602282

RECORDED
JAN 21 PM 12:30
STATE OF MISSOURI

R. WHITE
JAN 22 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/8/2021

PRIORITY Routine

OUR REF.# (Order ID#) 881929

ORDER ENTITY
TESAMORE REAL ESTATE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

TESAMORE REAL ESTATE LLC (FL)

File the attached change of agent document and provide a certified copy.

NOTES:

\$55.00 Authorized
Email address for annual report reminders: johnfailla@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Name of the limited liability company: Tesamore Real Estate LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
350 Lake Frances Drive
West Palm Beach, Florida 33411

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
350 Lake Frances Drive
West Palm Beach, Florida 33411

3. 11/20/2014 Date of filing/registration in Florida

4. M1400008381 Document number

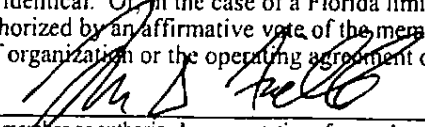
5. (a) NRAI Services, Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 South Pine Island Road
Plantation, FL 10605

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

John S. Failla
NEW Registered Office Address:
350 Lake Frances Drive
West Palm Beach, FL 33411

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

John S. Failla Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ John S. Failla
 Signature of Registered Agent