	209363		
(Requestor's Name) (Address)			
(Address)	600345570296		
(City/State/Zip/Phone #)			
, PICK-UP WAIT MAIL	06/12/2001021001 ♦€25.00		
(Business Entity Name)			
(Document Number)	1020 (F.) 12		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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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@cscqlobal.com

Date: June 10, 2020

Order#: 316746-025

Re: TEGSCO, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.

Please take the following action:

> 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.

1.	Na	me of the limited liability company:	LC		
7	(a)	450 7th Street	(b)		
<u>ن</u> .	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		San Francisco, CA 94103			
		11/02/2017	M170	000009363	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T Corporation System			
.ر	(a)	Registered Agent and Registered Office shown on the record	is of the Florida Dept.	of State:	
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
		Plantation	, FL33324		
	(1)				
	(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:		
		Corporation Service Company			
		NEW Registered Office Address:	······································	. 09	
		1201 Hays Street			
		Tallahassee	, FL		
ch ag wi	iange jent v as/wi e arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	the registered offi d liability compan ers of the limited li the limited liabilit	ice and the business office of the registered iv, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
/s/ Jill Cilmi Jill Cilmi Jill Cilmi				Printed or typed name of signee	
I pr th to no	here ovisi e obl mer otifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address in writing of this change.	ete performance o vided for in Chapte 5, I hereby confirm	is conacity. I further agree to comply with the	
	-	re of Registered Agent I. Casper, Asst. Vice President			
Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00					

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