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(((H23000052899 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

managedreports@incorp.com

LLC REGISTERED AGENT CHANGE
TSI GLOBAL COMPANIES, LLC

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## H230000528993

## COVER LETTER

Division of Corporations		
TSI GLOBAL COMPANIES, LLC		
	me of Limit	ed Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to	the following:
Amanda Morehouse		
Name of Person		
InCorp Services, Inc.		
Firm/Company		
3773 Howard Hughes Pkwy Suite 500S		
Address	<del></del>	<del></del>
Las Vegas, NV 89169-6014		
City/State and Zip Code		<del></del>
managedreports@incorp.com		
E-mail address: (to be used for future an	nual report	notification)
For further information concerning this matter	, please cal	ł:
Amanda Morchouse	800 al (	246-2677
Name of Person	" (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	g amount:	
■ \$25 Filing Fee	į	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)		

## 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: TSI GLOBAL C	OMPAN	TES	, LLC					
2. (2	a)		(	(b)_						
(-	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(~) -		Mailing addre ( <u>Note: MA</u>	ss of limit	cd lint	ility con	npany:
		700 Fountain Lakes Blvd		•	700 Fount	ain Lakes Bl	vd			
		Saint Charles, MO 63301	<del>_</del>	:	Saint Char	les, MO 633	01			
		08/12/2019		M	19000007	756				
3.		Date of filing/registration in Florida	4,			Document	number			
5. (	a)	CT CORPORATION SYSTEM								
J. (a)		Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	fthe Florid	da D	cpt. of State	_ c:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
		Plantation, F.	L_33324			-	÷3;		2023 FFB	
(b)		InCorp Services, Inc.					-		£ 8 -	- · ·
`	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				<del>-</del>		. ,	ف	75
		3458 Lakeshore Drive						- -	社石	C
		NEW Registered Office Address:				_		±1 =1 1:	52	
		Tallahassee , F	L_ <sup>32312</sup>			-				
chan agen was/	ge t w we rti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization of the operating agreement of the	e registeriability of of the linerited	red omp mite lial	office and pany, it is ed liability	d the busing s hereby cor y company	ess office afirmed (	of tl that t	he regi: he chai	stered nge(s)
Sig	nat	ture of a member or authorized representative of a member		•	<del></del>	Printed or ty	ped name	of sig	nee	
prov the c to m	isi obli ere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.  Amanda M	performed for in hereby a	nane Che conf	ce of my a apter 605 arm that t	duties, and , F.S. Or, i the limited i	l am fam f this doc liability d	illiar cume comp	with a ont is be eany ha	nd accept sing filed s been
Sign	ផល	re of Registered Agent		- •			р	~~		-,

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