## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BUDDY FARMER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000056281

Entity Name: TEACHER ADVISORS, LLC

## **Current Principal Place of Business:**

360 CENTRAL AVE SUITE 800 ST PETERSBURG, FL 33701

## **Current Mailing Address:**

13275 116TH LN LARGO, FL 33778 US

## FEI Number: 85-2966624

Name and Address of Current Registered Agent:

FARMER, BUDDY 13275 116TH LN LARGO, FL 33778 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

## Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	FARMER, BUDDY	Name	FARMER, BUDDY
Address	13275 116TH LN	Address	13275 116TH LN
City-State-Zip:	LARGO FL 33778	City-State-Zip:	LARGO FL 33778

Electronic Signature of Registered Agent

05/01/2023 PRINCIPAL

# FILED May 01, 2023 Secretary of State 4995711665CC

Certificate of Status Desired: No

Date

Date