

L01000021672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

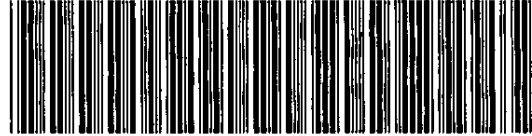
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/15--01008--017 **25.00

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2015 DEC -7 PM 4:01
CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC -9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Financial Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Scharfeld

Name of Person

Trinity Financial Services, LLC

Firm/Company

609 E. Pine St.

Address

Orlando, FL 32801

City/State and Zip Code

compliance@trinityfinancialllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Scharfeld at (407) 523-1980

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Trinity Financial Services, LLC

2. (a) Trinity Financial Services, LLC (b) Trinity Financial Services, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

609 E. Pine St.

Orlando, FL 32801

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

609 E. Pine St.

Orlando, FL 32801

~~12/4/15~~ 12/14/2001

#L01000021672

3. Date of filing/registration in Florida

4. Document number

5. (a) Trinity Financial Services, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Gregory Scharfeld

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

13945 Florigold Dr.

Windermere, FL 34786

(b) Trinity Financial Services, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Gregory Scharfeld

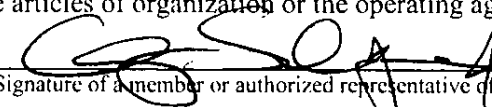
NEW Registered Office Address:

609 E. Pine St.

Orlando, FL, FL 32801

FILED
2015 DEC -7 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

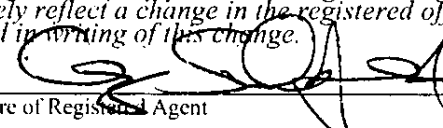
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Gregory Scharfeld

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.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00