

LO3000052949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

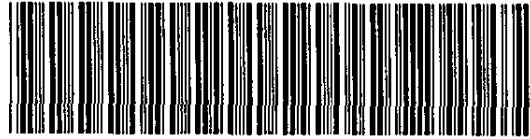
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP -6 PM 12: 57

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2013

SEAN OAKMAN
5610 HAWKLAKE RD
LITHIA, FL 33547

SUBJECT: TRINITY INVESTMENT SERVICES LLC
Ref. Number: L03000052949

We have received your document for TRINITY INVESTMENT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 013A00019946

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP -6 PM12:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Investment Services
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:

Sean Oakman
Name of Person

Trinity Investment Services
Firm/Company

10074 Bryant Rd
Address

Lithia, FL 33547
City/State and Zip Code

~~soakman9~~ soakman9@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Oakman at (813) 230-2760
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

2013 SEP -6 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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 Investment Services

2. (a) Principal office address of limited liability company: 5610 Hawklake Rd
 (Note: **MUST BE STREET ADDRESS**) Lithia, FL 33547

(b) Mailing address of limited liability company: 5610 Hawklake Rd
 (Note: **MAY BE POST OFFICE BOX**) Lithia, FL 33547

07/26/13
 3. Date of filing/registration in Florida

L03000052949
 4. Document number

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

Registered Agent: Sean Oakman

Registered Office Address: 5610 Hawklake Rd
Lithia, FL 33547

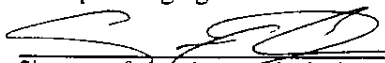
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 10074 Bryant Rd
 (MUST BE FLORIDA STREET ADDRESS) Lithia

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 TALLAHASSEE, FLORIDA
 33547

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.

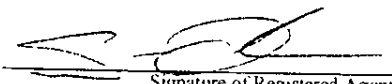


 Signature of a member or authorized representative of a member

Sean Oakman

 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 608, 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