## 113000006249

(Requestor's Name)								
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(City/State/Zip/Phone #)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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ATT MERSSON FORMS

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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 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. N	Iame of the limited liability company: TRIN	NTY/BHATE	JV, LLC	:		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
2. (a)	1002 NORTH EGLIN PARKWAY		(b)	(b) 1002 NORTH EGLIN PARKWAY				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (*)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	SHALIMAR FL 32	579	_					
	01/09/2013		_	L1300000	06249	<u>.                                      </u>		
3.	Date of filing/registration in Flori	da	4.		Document numb	ег		
5. (a	) EVANS, MAURICE							
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:							
	1002 NORTH EGLIN PARKWAY							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_			
	SHALIMAR	, FL_	32579		·•			
	Corporation Service Company				_	C	Tj.	
	Enter name of NEW Registered Agent and/or NEW	V Registered (	Office add	ress:		11888 12888 12888		
	1201 Hays Street							
	NEW Registered Office Address:				-	4: 54 CARDA		
	Tallahassee	FI	32301		_			
	· toliditaesses	, FL	52501		-			
the ch agent was/w	limited liability company is not organized us range or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ticles of organization or the operating agreer	t address of t a limited liat members of	the regist bility con the limi imited li	ered office npany, it i ted liabilit ability con	e and the business is hereby confirmed by company or as company.  Orized Person	s office of the reg ed that the chango otherwise provide	gistered e(s)	
Sign	autre of a member or authorized representative of a me	ember			Printed or typed nar	ne of signe <del>c</del>		
กรองไร	eby accept the appointment as registered agnions of all statutes relative to the proper and ligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	d complete p	performa	nce of mv	duties. änd I am f	amiliar with and	accent	
Signal	ure of Registered Agent Corporation Service C	Company	By: Gra	ace E. Kir	by, Asst. Vice P	resident		