

L18000029959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

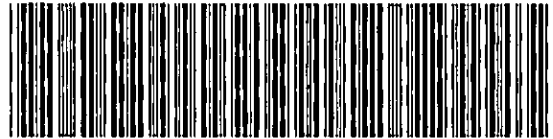
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300314728943

06/21/18--01003--030 **25.00

2018 JUN 21 PM 4:47
CLERK OF SUPERIOR COURT

R FIGUEROA

JUN 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY 777 INVESTMENT LIMITED LIABILITY COMPANY

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:

ANTRINA BIRCH

Name of Person

TRINITY 777 INVESTMENT

Firm/Company

6301 N. UNIVERSITY DRIVE APT# 203

Address

TAMARAC, FL. 33321

City/State and Zip Code

antrina27@gmail.com

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

For further information concerning this matter, please call:

ANTRINA T BIRCH

at (**954**) **599-4003**

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 777 INVESTMENT LIMITED LIABILITY COMPANY

2. (a) 6301 N. UNIVERSITY DRIVE (b) 6301 N. UNIVERSITY DRIVE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

APT # 203

APT # 203

TAMARAC, FL. 33321

TAMARAC, FL. 33321

FEBUARY 02, 2018

L18000029959

3. Date of filing/registration in Florida

4. Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
18810 N.W 29TH PLACE
MIAMI GARDENS, FL 33056

(b) ANTRINA T BIRCH
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
6301 N. UNIVERSITY DRIVE APT # 203
TAMARAC, FL 33321

2018 JUN 21 PM 4:47
 I.L.E.D.
 COUNTY OF PALM BEACH
 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.

Kendrick Pessoa
Signature of a member or authorized representative of a member

KENDRICK PESSOA
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]
Signature of Registered Agent