Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000053141 3)))



H200000531413ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 Phone : (888)705-7274 Fax Number : (888)796-7274

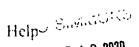
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE TRIOUT EDGE LUCKY CRICKET, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu



FEB 1 8 2020

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: TriOut Edge L	ucky Cricket, LLC
L. O L. O L. O . V	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Margot Mullin	
Name of Person	······································
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Margot Mullin	888 705-7274
Name of Person	Area Code & Daytime Telephone Numbe
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	ng amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

15129570210

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.

2. (a)	Principal office address of limited liability company:	(1) (o	Aailing address o	f limited liability	company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY B	E POST OFFIC	E BOX)
	18331 PINES BVLD #319			1 PINES		
	PEMBROKE PINES, FL 330	29	PEMB	ROKE P	INES, FL	33029
	10/23/2018		L1800	024928	37	
3.	Date of filing/registration in Florida	4.		Document nu	mber	
5. (a)	OUTLAW, MIKE S				<u>ن</u> 20	
). (a)	Registered Agent and Registered Office shown on the records			e:	2020 FEB 17 SECRETAR TALLAHA	220.0
	18331 PINES BVLD SUIT			_	F 68 -	4 43 TF . 1047PPF 7
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>S)</u>			
				-		
	PEMBROKE PINES	FL 330	29	_	7 AMII: 53	Page gal
<i>(</i> 1.)	Registered Agent Solution	s, Inc			'	
(b)	Enter name of NEW Registered Agent and/or NEW Register			-		
	155 Office Plaza Dr.			_		
	NEW Registered Office Address: Suite A					
	Suite A	<u> </u>		-		
	Tallahassee	FL 323	01	_		
the cha	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member	s of the reg a fiability i	istered offic company, it i	is hereby conf	irmed that the	change(s)
the arti	icles of organization or the operating agreement of	the timited	павниу сог	прану.		
. / 6.	fike Outlaw	M	ike Outl		Manag	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Mackenzie Hart, Asst. Secretary

notified in writing of this change.

Signature of Registered Agent