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Division of Corporations	
SUBJECT: Geotrippin' Adventure Company LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Marcus Thompson, Esq.	
Name of Person	
Trinity Law & Title	
Firm/Company	
62 Hypolita Street, Suite 2	
Address	
St. Augustine, FL 32084	
City/State and Zip Code	
marcus@trinitylawfl.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
Marcus Thompson, Esq. 90)4 478-8188)
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	:
■ \$25 Filing Fee	S55 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. N	ame of the limited liability company: Geotrippin' Adve	nture C	om	pany LLC	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ess of limited liability company: AY BE POST OFFICE BOX)
	291 Cubbedge Road			4420 Carter Road Apt	. 13
	Saint Augustine, FL 32080	-		Saint Augustine, FL 3.	2086
	04/28/2021		ı	_21000197805	
3.	Date of filing/registration in Florida	4.	-	Document	number
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of Old City Law, PLLC	the Flori	ida	Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					20
	1 Riberia Street				28 J
	Saint Augustine FL	32084			FILED 2029 JUL 12 PM 12: 43 TÄLLAHASSEE, FLORID
					PR . FI
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office		FRAL.	形 TO
	and of the registered	<u> </u>	uuu	<u> </u>	D: 43
	Trinity Legal PLLC				Dm. W
	NEW Registered Office Address:				
	62 Hypolita Street, Suite 2				
	Saint Augustine . F1.	32084			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member.	registe ability of the li limited	erec con mit Hia	d office and the busing apany, it is hereby co ted liability company ability company, amin Brandao	ess office of the registered nfirmed that the change(s)
provisi the obl to mere notified	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change	ee to ac perforn I for in vereby (ct i nar CI cor	n this capacity. I fur nce of my duties, and napter 605, F.S. Or, i girm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been
	Photosome Community on DO 1	D 634	~ ~	. 72 11.15 172 3.29	

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