I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANIL SEKHAR

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: TRIOPLAN HOLDINGS, LLC **Current Principal Place of Business:**

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

14515 HALTER RD. WELLINGTON. FL 33414

Current Mailing Address:

DOCUMENT# L08000011332

14515 HALTER RD. WELLINGTON, FL 33414 US

FEI Number: 26-1897956

Name and Address of Current Registered Agent:

SEKHAR, ANIL 14515 HALTER RD WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Per

Title	MGRM	Title	MGRM
Name	SEKHAR, ANIL	Name	BARSANTI-SEKHAR, MARY C
Address	14515 HALTER RD	Address	14515 HALTER RD
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

rson(s) Detail :				
GRM	Title	MGRM		
EKHAR, ANIL	Name	BARSANTI-SEKHAR, MARY C		
1515 HALTER RD	Address	14515 HALTER RD		

Certificate of Status Desired: No

04/08/2016

MANAGING MEMBER

FILED Apr 08, 2016 Secretary of State CC5342410419

Date

Date