## 226672

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:
<u></u>		

Office Use Only



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12/12/16--01010--025 \*\*35.00

SECRETARY OF SISTER ALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: TRITON INVESTMENTS, INC  Name of Corporation			
DOCUMENT NUMBER: 226672			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DAVID C. SASSER  Name of Contact Person			
POBOX 10221			
POBOX 1075/ Address			
BROCKSVIUE FL34603  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DAVID C. SASSER at (352, 442-0810) Name of Contact Person at (352, 442-0810) Area Code & Daytime Telephone Number			
Name of Comact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		617.0502, 607.1508, or 617.1508, Florida Statutes, this
		on organized under the laws of the State ofor or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: TRITON	INVESTMENTS, INC
2. The principal of BRO	office address: <u>395.6</u> DUKSVIUE FL	3ROOKSVILLE PTUE - 34601
3. The mailing ad BR 1901	Idress (if different): PO	BOX 10221 34603
4. Date of incorpo	oration/qualification:	Document number:
	street address of the current reg ment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)
-	DAVID C. SAS	SSER
	140 S. MAIN.	5T
	BROOKSVILLE 1	PL 34601
6. The name and (if changed):	_	tered agent (if changed) and /or registered office
	BROOKSVIVE	NO Change SVILLE AVE PO D. Box NOT acceptable PL 34601 85 2
The street addre	ss of its registered office and t	he street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	y adopted by its board of directors or by an officerso seen notified in writing of the change.
Signature of an officer or director  Signature of an officer or director  Printed or typed name and title		
I hereby accept I further agree to performance of agent. Of, if this hereby confirm to	the appointment as registered	agent and agree to act in this capacity. If all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.  Dec 7, Delb  Date
If signing on bel	half of an entity:	
Ty	ped or Printed Name	<del></del>

\* \* \* FILING FEE: \$35.00 \* \* \*