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SEGRETARY OF STATE
TALL AHASSEE FINITE

J. SAULSBERRY EXAMINER MAR 23 2012

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Trilogy Enterprises I LUD Name of Similed Partnership or Limited Liability Limited Partnership		_	
DOCUMENT NUMBER: A0900000312		_	
The enclosed Statement of Change of Registered Office and/or Registered Agent fee(s) are submitted for filing.	and		
Please return all correspondence concerning this matter to:			
Mary Burn's Contact Person			
Firm/Company	Ž:	20	
2036 84th St. Circle NW	14.1	2012 HAR	r congress
Address	\$ 5	5 5	******
Bradenton, 71. 34209	333 0 43	22 /	<u> </u>
City, State and Zip Code	OF S	F	Processes A
E-mail address: (to be used for future annual report notification)	TATE ORIDA	9: 52	*Segment
For further information concerning this matter, please call:			
Mary a. Burns at (94/) 798-9595 Name of Contact Person Area Code and Daytime Telephone Nur	mber	-	

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

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Filing Fee:

2 11 3

Certified Copy (optional): \$52.50

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Trilog	Name of Limited Partnership or Limited Liability Limited Partnership		
2. 5/11 Date of	09 filing/registration in Florida 3. \(\begin{align*} A 0 9 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 <u>3/2</u> number	
4. The name of the Department of S	the registered agent and the registered office address as shown on the recortate:	ds of the Florida	
	Mary a Burns Name 2031. 844h St. Circle NW Address		
	BRadenton, 71. 34209 City, State and Zip		
5. The name and	Florida street address of the new registered agent and/or office:	. A. 2	
See the	Drark Perron & Nelson, P.A. Name 28/16 Manuate auchure West Florida street address (P.O. Box not acceptable)	2012 MAR 22 Secretary o Alláhassee	1-may
	Bradental FL 34205 City, State and Zip	AM 9: 52 De state Jelorio	j 1
6. Such change(s) is/are effective when filed by the Florida Department of State.	> 10	
Mary O.	BUMA		
Signature of Gen	eral Partner		
comply with the	the appointment as registered agent and agree to act in this capacity. I furi provisions of all statutes relative to the proper and complete performance of r with an accept the obligations of my position as registered agent. 		

\$35.00