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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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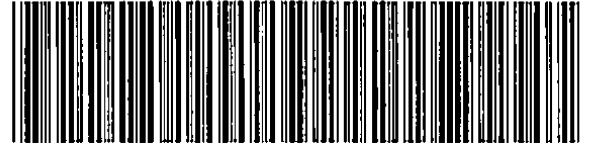
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREHCIELB LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A18000000301

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eric Robinson

Contact Person

Robinson Gruters & Roberts, P.A.

Firm/Company

133 South Harbor Dr

Address

Venice, FL 34285

City, State and Zip Code

eric@robinsongruters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC ROBINSON

Name of Contact Person

at (941) 4887794

Area Code and Daytime Telephone Number

Enclosed is a \$55.00 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

**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. TREHCELB LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. JULY 25, 2018 3. A18000000301
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

STEVEN W. LEDBETTER
Name
229 PENSACOLA ROAD
Address
VENICE, FL 34285
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Eric Robinson
Name
133 South Harbor Dr
Florida street address (P.O. Box not acceptable)
Venice, FL 34285 FL.
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

2019 JUL 25 PM 12:17