

D22000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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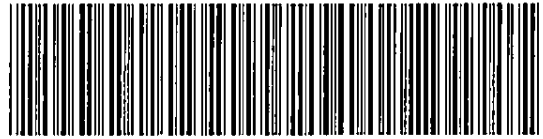
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW TRINITY TRUST
Name of Corporation

DOCUMENT NUMBER: D220000000017

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:

NATALIE SCHUBERT
Name of Contact Person

NEW TRINITY TRUST
Firm/Company

6139 MESA GLEN
Address

BRADENTON, FL 34203
City/State and Zip Code

E-mail address: (to be used for future annual report notification) GALACTICGIRL21@GMAIL.COM

For further information concerning this matter, please call:

NATALIE SCHUBERT at (678) 833-8248
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEW TRINITY TRUST
2. The principal office address: 6139 MESA GLEN, BRADENTON, FL 34203
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/7/2022 Document number: D22000000017
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NATALIE SCHUBERT
7053 LENNOX PLACE
UNIVERSITY PARK, FL 34201

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NATALIE SCHUBERT
6139 MESA GLEN
BRADENTON, FL 34203

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Natalie Schubert
Signature of an officer or director

NATALIE SCHUBERT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Natalie Schubert
Signature of Registered Agent

12/20/2024
Date

If signing on behalf of an entity:

NEW TRINITY TRUST
Typed or Printed Name

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