

**F08000005247**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
TRIRIGA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

**C.COULLIETTE**

MAY 12 2011

**EXAMINER**

RECEIVED  
11 MAY 11 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 11 AM 9:27

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tririga Inc.  
Name of Corporation

DOCUMENT NUMBER: F08000005247

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:

Nancy Johnson

Name of Contact Person

IBM Corporation

Firm/Company

233 S. Wacker Drive, 11th Floor

Address

Chicago, IL 60606

City/State and Zip Code

najohns@us.ibm.com

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

For further information concerning this matter, please call:

Nancy Johnson

Name of Contact Person

312

Area Code & Daytime Telephone Number

261-6523

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)

**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 Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Triggs Inc.
2. The principal office address: 6720 VIA AUSTI PARKWAY, SUITE 500, LAS VEGAS NV 89119
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/08/2008 Document number: F08000005247
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)

INCorp SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE FL 33470 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

  
\_\_\_\_\_  
Signature of an officer or director

Martin Wiele, Secretary

\_\_\_\_\_  
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.

By: James M. Halpin  
C T Corporation System  
\_\_\_\_\_  
Signature of Registered Agent Assistant Secretary

5/11/11  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

CT Corporation System  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 11 AM 9:28