F1000000 239

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Office Hea Only				



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10 SEP 15 AN 9:57
SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	TriArch	Marketing, Inc.	
	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Thomas E. Biddix	
		Name of Person	
TriArch Marketing, Inc.			
		Firm/Company	
6905 N. Wickham Road, Suite 403			
		Address	
Melbourne, FL 32940			
City/State and Zip Code			
	regula	atory@telecomgroup.com to be used for future annual report notifica	ution)
For further informatio	n concerning this matter, please of	•	inon)
TI	nomas E. Biddix	. 221	73-1343
	e of Person	at (_321) 3 Area Code & Daytime 1	
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	ILING ADDRESS: istration Section ision of Corporations . Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



10 SEP 15 AM 9: 57
SECRETARY OF STATE
LALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

	rs on the records of the Florida Department of State is:	
TriArch	Marketing, Inc.	
2. This entity was authorized to transact business i	n Florida on 1/14/2010 and its Florida document	
number is <u>F1000000239</u>		
3. This corporation was formed under the laws of _	Louisiana	
4. The name and address of each officer and/or dir	ector is as follows:	
Title:	Name and Address	
Director	Thomas E. Biddix	
Secretary	Christina B. Sutah	
<u>Georgial y</u>	Christina B. Sutch	
		
	Please delete the following officer:	
President	James Dupont	
	508 Spencer Street	
/	Rayville, LA 71269	
(Attach additional p	ages if necessary)	
	Director	
re of an officer or director Title of person signing		
Thomas E. Biddix d or printed name of person signing		

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314