## F10000003603

(F	Requestor's Name)		
(A	Address)		
(A	Address)		
(C	City/State/Zip/Phone #)	<del> </del>	
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
Special Instructions to	o Filing Officer:		

Office Use Only



000234907660

RA & chy

AZ MAY 16 AM 10: 41

22 j

, ye

FILED

SEURCIARY OF STATE

MAY 16 2012 T. ROBERTS



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE :

7885750

AUTHORIZATION

COST LIMIT

ORDER DATE: May 15, 2012

ORDER TIME : 9:24 AM

ORDER NO. : 204030-002

CUSTOMER NO: 7885750

CHANGE OF AGENT

NAME:

TRIUNITY ENGINEERING &

MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of chang	ge is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Colorado ed agent, or both, in the State of Florida.	
1. The name of the	corporation: TRIUNITY ENGINEE	RING & MANAGEMENT, INC.	
	fice address:gton St., Suite 300, Denver, CO 802	205	
3. The mailing add	dress (if different):		
4. Date of incorpor	ration/qualification:08/09/2010	Document number: F10000003603	
5. The name and st Florida Departm	treet address of the current registered age nent of State:		
N	NRAI Services, Inc.		
	2731 Executive Park Dr., Suite 4		
<u>v</u>	Westin, FL 33331		
6. The name and st (if changed):	treet address of the new registered agent	(if changed) and /or registered office	
<u> </u>	Corporation Service Company		
1	201 Hays Street		
~	(P.O. Box NOT acceptable)		
	•		
_		ddress of the business office of its registered agent,	
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.			
Y Signature	of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
of my duties, and a document is being corporation has b	e appointment as registered agent and comply with the provisions of all statut I am familiar with and accept the oblig filed merely to reflect a change in the een notified in writing of this change.  Scrvice Company	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I herehy confirm that the	
By: Change	1 akk	05/11/2012	
Signa	fure of Registered Agent)	(Date)	
If signing on beha	•		
	wson, Asst. Vice President		

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

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