F13000002595

(Re	equestor's Name)
(Ac	ldress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	<u> </u>
	Office Use Only



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TO: Amendment Section Division of Corporations

SUBJECT: Trion Solutions I, Inc.	
Name of Corporation	
DOCUMENT NUMBER: F13000002595	

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:

James E. Baiers Name of Contact Person Clark Hill PLC Firm/Company 500 Woodward Ave., Suite 3500 Address MΙ 48226 Detroit City/State and Zip Code

Jbaiers@ClarkHill.com

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

For further information concerning this matter, please call:

James E. Baiers Name of Contact Person

Enclosed is a \$35.00 cheek 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

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

statement of cha	change is submitted for a corporation organized under the laws of the State of Michigan	_
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	of the corporation: Trion Solutions I, Inc.	
	pal office address: 340 E. Big Beaver Road, Suite 160	
Troy, MI		
3. The mailing a	g address (if different): Same	
4. Date of incorp	orporation/qualification: June 14, 2013 Document number: F13000002595	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	C T Corporation Systems	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	Å
	Mark Davidoff	
	1950 S. Ocean Drive, Suite 22D	77
	P O Box NOT acceptable	-0 17
	Hallandale Beach, FL 33009	三 い に
The street address changed will	dress of its registered office and the street address of the business office of its registered ag	
Such change was	yas authorized by resolution duly adopted by its board of directors or by an officer so the board or the corporation has been notified in writing of the change.	
Signati	Bonner C. Upshaw III - President Printed or typed name and title	_
performance of agent. Or, it is	pt the appointment as registered agent and agree to act in this capacity. He to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I m that the corporation has been notified in writing of this change.	I
	Signature of Registered Agent Date	_
-	behalf of an entity:	
Mark David	ridoff	
	Typed or Printed Name	

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