

F13000002596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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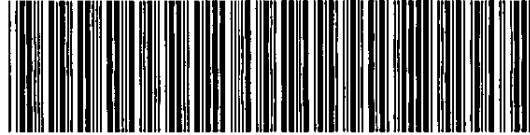
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trion Solutions II, Inc.

Name of Corporation

DOCUMENT NUMBER: F13000002596

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

Detroit

MI

48226

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

at 313 965-3430

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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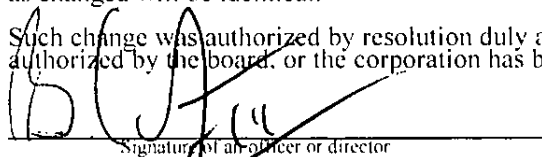
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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

1. The name of the corporation: Trion Solutions II, Inc.
2. The principal office address: 340 E. Big Beaver Road, Suite 160
Troy, MI 48083
3. The mailing address (if different): Same
4. Date of incorporation/qualification: June 14, 2013 Document number: F13000002596
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)
C T Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mark Davidoff
1950 S. Ocean Drive, Suite 22D
P.O. Box NOT acceptable
Hallandale Beach, FL 33009

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

Bonner C. Upshaw III - President
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.


Signature of Registered Agent

6-9-2015
Date

If signing on behalf of an entity:

Mark Davidoff
Typed or Printed Name

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

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