

GIORGIO L. RAMIREZ, P.A.

ATTORNEY AT LAW

7300 N. KENDALL DRIVE, SUITE 520

MIAMI, FLORIDA 33156

TELEPHONE (305) 670-1930

FACSIMILE (305) 670-1932

November 3, 2022

Registration/Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


**Re: Statement of Change of Registered Office for Corporation
TRINRE INSURANCE COMPANY LIMITED CORP.
Document No. F22000003326**

Dear Sir or Madam:

Enclosed, please find the Cover Letter and Statement of Change of Registered Office for Corporation for the above referenced company along with a check payable to the Division of Corporations for the \$35 filing fee.

Should you have any questions with regards to the above, please do not hesitate to contact me.

Sincerely,



GIORGIO L. RAMIREZ
For the Firm

GLR/as

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trine Insurance Company Limited Corp
Name of Corporation

DOCUMENT NUMBER: F22000003326

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:

Giorgio L. Ramirez, Esq.
Name of Contact Person

Giorgio L. Ramirez, P.A.
Firm/Company

7300 N. Kendall Dr., Suite 520
Address

Miami, FL 33156
City/State and Zip Code

giorgio.lw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giorgio L. Ramirez at (305) 670-1930
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATION

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 in order to change its registered office in the State of Florida.

1. The name of the corporation: TRINRE INSURANCE COMPANY LIMITED CORP.
2. The principal office address: 7830 Holiday Isle Circle, Unit 302, Belle Isle, FL 32812
3. The mailing address (if different):
4. Date of incorporation/qualification: May 10, 2022 Document number: F22000003326
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


Registered Agent and Address: Giorgio L. Ramirez
7300 N. Kendall Dr., Suite 520
Miami, FL 33156

Registered Principal and Mailing Address: 7830 Holiday Isle Circle, Unit 302
Belle Isle, FL 32812

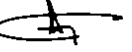
6. The name and street address of the **new registered office** (if changed):

New Registered Principal and Mailing Address: 730 NW 107 Avenue, Suite 120
Miami, FL 33172

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.

s/  Date: October 31st 2022
Sean Ayoung, CEO

I hereby confirm that the corporation has been notified in writing of this change.

s/  Date: October 31st 2022
Sean Ayoung, CEO

2022 NOV 14 AM 7:46