## 00000012206

(	Requestor's Nar	ne)						
	**************************************							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAI	Т	MAIL					
	Business Entity	Name)						
	Document Numb	oer)						
Certified Copies	_ Certifi	cates of S	Status	_				
Special Instructions to	Filing Officer:							

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FIED ED 2022 OCT -7 AM 8: 52

A BUTLER OCT 1 0 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 994913 5148038								
AUTHORIZATION: Squelle le man								
COST LIMIT : \$ 25.00								
OPDED DAME OFF-1 C 2022								
ORDER DATE : October 6, 2022								
ORDER TIME : 8:53 AM								
ORDER NO. : 994913-010								
CUSTOMER NO: 5148038								
CHANGE OF AGENT								
NAME: TRIANGLE EQUITIES NAPLES LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: TRIANGLE E	QUITIES	NA	APLES LLC			
2. (a)	30-56 Whitestone Expressway		(b) 30-56 Whitestone Expressway				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)	Mailing addre	ess of limited l	-	
	360			360			
	Whitestone, NY 11354			Whitestone, NY 113	54		
	October 6, 2000		L	_00000012206			
3.	Date of filing/registration in Florida	4.	_	Document	number	•	
5. (a)	Registered Agent and Registered Office shown on the records						
	Petracca, Lester P., MR	of the Flor	ida i	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	15919 Rosetta Way						
	Naples	FL_3411	0		14E 2037	2022 OCT -	427 200
						ict .	e []
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office	add	Fesh'	ESCAH	-1	;   Extra
	and hand of the registered regard and on the register	tu Onice	auu	15,53	89	D.H.	
	Corporation Service Company				STATE E. FL	ထ္	
	NEW Registered Office Address:				F 2	<b>52</b>	
	1201 Hays Street						
	Tallahassee 1	32301 FL	l				
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the content of the	he registe liability ( s of the li	erec con imit	d office and the busine npany, it is hereby co ted liability company	ess office of nfirmed that	the re t the cl	gistered hange(s)
/s/	Lester Petracea atture of a member or authorized representative of a member	Le	Lester Petracca, Managing Membe				
				•	ped name of s	-	
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid elv reflect a change in the registered office address, d'in writing of this change.	gree to a te perfori led for in I hereby	ct i mai cor	n this capacity. I furt ace of my duties, and apter 605, F.S. Or, i afirm that the limited	ther agree to I am familio if this docum liability con	o comp ar with nent is npany	oly with the and accept being filed has been
Lin	ben M Baronie						
Signati	urelof Registered Agent by M. Baronie, Asst. Vice President on behalf of Corporation Ser	vice Comr	anv				

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00