

LD1000020201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

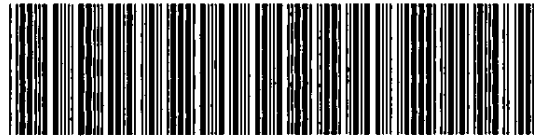
Special Instructions to Filing Officer:

**L. SELLERS**

MAY - 8 2010

**EXAMINER**

Office Use Only



600175902116

04/20/10--01021--003 \*\*35.00

**FILED**  
10 APR 30 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRISIGHT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT MORGAN

Name of Person

TRISIGHT, LLC

Firm/Company

3773 COMMONWEALTH BLVD.

Address

TALLAHASSEE, FLORIDA 32303

City/State and Zip Code

scott.morgan@lscu.coop

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

For further information concerning this matter, please call:

SCOTT MORGAN

Name of Person

at ( 850 ) 558-1110

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2010

SCOTT MORGAN  
3773 COMMONWEALTH BLVD.  
TALLAHASSEE, FL 32303

SUBJECT: TRISIGHT, LLC  
Ref. Number: L01000020201

We have received your document for TRISIGHT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 310A00010000

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: TRISIGHT, LLC

2. (a) Principal office address of limited liability company: 3773 Commonwealth Blvd.

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**(Note: MUST BE STREET ADDRESS)**

Tallahassee, FL 32303

(b) Mailing address of limited liability company:

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**(Note: MAY BE POST OFFICE BOX)**

P.O. BOX 3108

Tallahassee, FL 32315-0108

11/16/2001

L01000020201

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Guy M. Hood

Registered Office Address:

3773 Commonwealth Blvd

Tallahassee, FL 32303

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Patrick La Pine

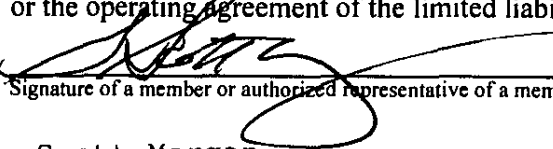
NEW Registered Office Address:

3773 Commonwealth Blvd

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32303

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Scott Morgan

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

**FILED**  
10 APR 30 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA