

# L02000032678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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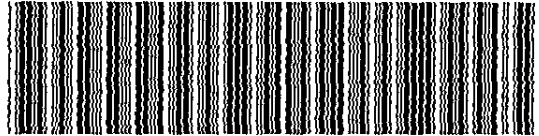
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BRUCE LAMCHICK, P.A.**

ATTORNEY AT LAW

TWO DATRAN CENTER, SUITE 1101  
9130 SOUTH DADELAND BOULEVARD  
MIAMI, FLORIDA 33156

TELEPHONE (305) 670-4455

FAX (305) 670-4422

BRUCE LAMCHICK  
WARREN BILCHIK

July 25, 2003

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

Re: Tria Investment Group, LLC

Dear Sir or Madam:

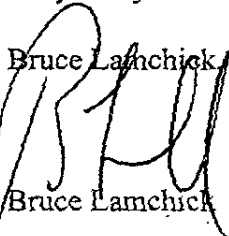
Enclosed please find the following documents relating to the above referenced corporation.

- 1) Transmittal Letter
- 2) Statement of Change of Registered Agent
- 3) Resignation of Registered Agent
- 4) Articles of Amendment

I have also enclosed a check in the amount of \$135.00 representing the filing fee for these documents. Please feel free to call me with any questions or concerns you may have.

Very Truly Yours,

Bruce Lamchick, P.A.



Bruce Lamchick

033 JUL 28 AM 10:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tria Investment Group, Inc.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L02000032678

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Lamchick  
(Name of Person)

Bruce Lamchick, P.A.  
(Name of Firm/Company)

9130 S. Dadeland Blvd., Suite 1101  
(Address)

Miami, Florida 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Lamchick at ( 305 ) 670-4455  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
03 JUL 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. The name of the limited liability company is: Tria Investment Group, LLC

2. The mailing address of the limited liability company is: 2165 SW 103 Place

Miami, Florida 33165

December 6, 2002

3. Date of filing/registration in Florida

L02000032678

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rudolph Marajh

Name

2165 SW 103 Place

Address

Miami, Florida 33165

City, State and Zip

6. The name and address of the new registered agent and/or office:

Bruce Lamchick, Esq.

Name

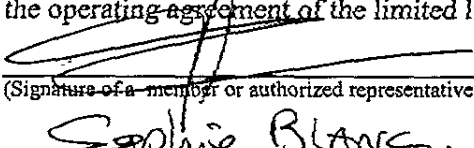
9130 S. Dadeland Blvd., Suite 1101

Florida street address (P.O. Box NOT acceptable)

Miami FL 33156

City, State and Zip

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)

Sophie Blanc.  
(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

FILED  
03 JUN 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA