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(Requestor's Name) (Address)	200296684472			
(Address) (City/State/Zip/Phone #)				
(Business Entity Name) (Document Number)	03/17/1701016002 **25.00			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	MEE 1			
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CORPORATION SERVICE COMPANY

CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 15, 2017

Order#: 557161/010

Re: TRINITY MATERIALS, LLC

Enclosed please find:

XX Change of Registered Agent and Office. XX Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

(a)	8529 S. Park Circle, Suite 320	(b)	
(4)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32819		· · · · ·
	04/14/2005	LO	5000036708
	Date of filing/registration in Florida	4.	Document number
. (a)	Walters Levine Klingensmith & Thomison, PA Registered Agent and Registered Office shown on the records 601 Bayshore Boulevard, Suite 720 Registered Office Address (MUST BE FLORIDA STREE)		L of State:
	Tampa,	FL_33606	MAR 17
(b)	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	1201 Hays Street <u>NEW</u> Registered Office Address:		>>` '
	Tallahassee	FL 32301	

/s/ Ann Straw

Signature of a member or authorized representative of a member

Ann Straw, Member 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 605, 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 Corporation Service Company BY: Ami M. Casper, Asst. Vice President

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