2017-10-31 12:47:17 CST

12122023573 From: Kimberly Laughrey

10/31/2017

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Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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.

I. Na	nme of the limited liability company: TRINITYMATE	RIALS,I	.E.C		
u, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		pany: <u>2X</u>)	
	8529S.PARKCIRCLE.SUITE320		85298.PA	ARKCIRCLE,SUITE320	
	ORLANDO,FL32819		ORLAND	O.FL32819	
	04/14/2005		Lu50000367	708 Document number	
3.	Date of filing/registration in Florida	₹.		Boother named]
). (a)	Registered Agent and Registered Office shown on the records of a CORPORATIONSER VICECOMPANY Registered Office Address <u>MUST BE FLORIDA STREET</u> . 1201HAYSSTREET TALLAHASSEE , FL	1DDRESS	<u>.</u>	17 OCT 31 PM 9: 59 SECRETARY OF STATE TALLAHASSEE FLORIDA	FILED
(b)	Enter name of NEW Registered Agent and/or NEW Registered CTCornorationSystem	Office ad	dress:	LORIDA	
	NEW Registered Office Address				
	1200SouthPineIslandRoad			_	
	Plantation , FL	33324		_	
the chiagent was/w the art Sign: There provise the obto men notifie	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of icles of organization or the operating agreement of the structof amember organization as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide relivered a change in the registered office address. It is a first of this change.	vs of the the reginability confitted limited	State of Fl stered offic ompany, it i ited liabilit imbility cor rlinAldao-C	orida, it is hereby confirmed that e and the business office of the is hereby confirmed that the charty company or as otherwise provingany. Carrillo, Authorized Person Printed or typed name of signee	registered ngc(s) rided in

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

FILING FEE: \$25.00

Signature of Registered Agont