1080000103494

ĩ				
(Requestor's Name)				
(Address)				
(Address)				
ı				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Dod	cument Number)			
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to Filing Officer:				
		·		
		ĺ		

Office Use Only



300138174883

11/24/08--01025--009 **25.00

PILED

08 NOV 24 PH 12: 23

SECRETARY OF STATE
ALL ANASSEE CLOSER)

D. BRUCE
NOV 25 2008
EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Trillic	on Development Gro (Name o	oup, LLC of Limited Liability Company)	_	6
Dear Sir or Madam	:			
The enclosed Regis	tered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all cor	respondence concerning	this matter to the following:		
Glenn A. Claytor				
	(Name of Person)			
		TAL	80	
	(Firm/Company)		₹	-
7423 Blue Skies Dr			NOV 24	
	(Address)	<u> </u>		
Spring Hill, FL 34606	;	ORID.	附12:23	
	(City/State and Zip Code)		ယ	
For further information	tion concerning this matte	er, please call:		
Glenn A. Claytor		at (352) 684 - 6283	_	
(Nan	ne of Person)	(Area Code & Daytime Telephone Number)		
Registration S Division of C Clifton Build	orporations ing ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check for the followin	g amount:		
	g Fee	\$55 Filing Fee & Certified Copy		

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: Trillion De	velopment Group, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 7423 Blue Skies Dr Spring Hill, FL 34606	8
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7423 Blue Skies Dr Spring Hill, FL 34606	
June 30, 2008	L08000063494	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of Registered Agent:	n the records of the Florida H. Paul Douglas	Dept. of State:
1.08.510.00 1.80		35 S
Registered Office Address:	9959 Domingo Dr	<u>– 9</u>
	Brooksville, FL 34601	
		ASS 2
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office add	— Ps = 0
NEW Registered Agent:	Glenn A. Claytor	<u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7423 Blue Skies Dr	Z3
MOST DE LEURIDA STREET ADDRESS	Spring Hill	FL 34606
If the limited liability company is not organized under the that after the change or changes are made, the Florida structure of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered case of a Florida limited lia I by an affirmative vote of th	office and the business bility company, it is ne members of the limited
Glenn A. Claytor (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	agree to act in this capacity proper and complete perform on as registered agent as pro a change in the registered of ed in writing of this change	y. I further agree to nance of my duties, and I syided for in Chapler 608, ffice address, I hereby
(Signature of Registered Agent)		

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