## L08000084301

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE.

J. SAULSBERRY EXAMINER

NOV 21 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations		
30DJEC1	HOLDINGS, LLC nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
ROSS HIMBER		
Name of Person		
TRITON MIAMI HOLDING	S, LLC	
Firm/Company	————IAs S	
20221 NE 16TH PL	SECRETARY VLLAHASSE	÷
Address	TARY ASSE	Ī
MIAMI, FL 33179	OF STATE	ר נ
City/State and Zip Code	TATE ORIO	
ross@tritondatacom.com	D	
E-mail address: (to be used for future annual report notifi	ication)	
For further information concerning this matter,	please call:	
ROSS HIMBER	1 (305 ) 218-7452	
Name of Person	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 a	amount:	
□ \$25 Filing 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: TRITON MIAMI HOLDIN	NGS, LLC		
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y; 20221 NE 16TH PL MIAMI, FL 33179		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	20221 NE 16TH PL MIAMI, FL 33179		
09/04/2008	L08000084301		
3. Date of filing/registration in Florida	4. Document numb	er	
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Flo	orida Dept. of State  SECRETARY  ALLAHASSEE	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		e address:	E
NEW Registered Agent:	ANA HIMBER	SE NO	***************************************
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20221 NE 16TH PL		
<u> </u>	MIAMI	,FL 33179	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee	lorida street address	of the registered of	fice 1
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my package of the configuration of the provision of the companies of the	igree to act in this ca oper and complete p ssition as registered a crely reflect a change y has been notified i	apacity. I further as verformance of my a agent as provided f e in the registered o n writing of this ch	gree to luties, or in office ange.