## 108000112645

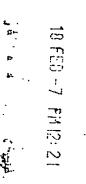
(1	Requestor's Name)			
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(,	Address)	<del></del>		
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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## **COVER LETTER**

	egistration Section vision of Corporations			
SUBJECT	Tringle's Bookkeeping Service:	ce LLC		
	Nam	Name of Limited Liability Company		
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.	
Please retu	irn all correspondence concerning thi	s matter to	the following:	
Deborah	T Smith			
	Name of Person	<del></del>	<del></del>	
Tringle's	Bookkeeping Service LLC			
	Firm/Company			
4081 Re	id St			
	Address		<del></del>	
Palatka I	FI 32177			
	City/State and Zip Code			
dtstms@	wildblue.net			
E-ma	il address: (to be used for future ann	nal report n	notification)	
For further	r information concerning this matter,	please call	:	
Deborah	T Smith	386	325-7591	
	Name of Person	(	Area Code & Daytime Telephone Number	
Re Di Cl 26	rregistration Section vision of Corporations ifton Building 61 Executive Center Circle illahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Er	oclosed is a check for the following	amount:		
_	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

Name of the limited liability company: Trin	ngle's Bookkeeping S	Service LLC
a) 4081 Reid ST Palatka Fl 32177	(b)	
Principal office address of limited liability  (Nate: MUST BE STREET ADDR)	company;	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
4/44/40		2002440045
1/11/18		8000112645
Date of filing/registration in Flor	rida 4.	Document number
Thelma B Tringle		
Registered Agent and Registered Office shown on	the records of the Florida Dep	pt. of State:
4081 Reid St		pr. or State:
Registered Office Address (MUST BE FLORI	DA STREET ADDRESS)	
<u> </u>		P. 12: 21
Palatka	<sub>. FL</sub> 32177	<u>5</u>
Deborah T Smith	,· · ·	21
Enter name of NEW Registered Agent and/or NE	W/ Doubleaged Office address	
Easter failing of NEW Registered Agent and/of NE	W Registered Office address	<u>2</u> .
4081 Reid St		
NEW Registered Office Address:	<del></del>	<del></del>
Palatka	FL_32177	
change or changes are made, the Florida street will be identical. Or, in the case of a Florid were authorized by an affirmative vote of the articles of organization or the operating agree	et address of the register da limited liability comp e members of the limited ement of the limited liab	
chature of a member or authorized representative of a n	nember — — — — — — — — — — — — — — — — — — —	Charak T. Smr. 7 L.  Printed or typed name of signee
reby accept the appointment as registered ag visions of all statutes relative to the proper a obligations of my position as registered agen nerely reflect a change in the registered office fied in writing of this change.	gent and agree to act in nd complete performanc t as provided for in Cha g address, I hereby confi	this capacity. I jurther agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file rm that the limited liability company has been

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