## L090000085999

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(City/State/Zip/Fillone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(, · · · · · · · · · · · · · · · ·		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

MAY 2 2 2009

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations	MAY 18, 2009
SUBJECT: TRWITY H	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Robert M. CL Name of Person	UCKEY
TRINITY HOUSEST	OLD SERVICES
4312 70 DRIVE Address	EAST
SARASOTA LLA City/State and Zip Cod	34243
E-mail address: (to be used for future annu	al report notification)
For further information concerning the	nis matter, please call:
ROBERT M. CLUCKE	4 at (941 ) 400 - 399 7  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES	
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the f	ollowing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

## 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: TRIVITY	HOUSE HOLD SELVICES
(a) Principal office address of limited liability compar	
(Note: MUST BE STREET ADDRESS)	SARA SOTA KLA 34243
(b) Mailing address of limited liability company:	4312 TO DEIVEEAST
(Note: MAY BE POST OFFICE BOX)	SARASOTA FL 34243
1/27/2009	<u> 20900000 8599</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	UNITED STATE CORPORATIONS AGENTS D
Registered Office Address:	13302 WINDING OAKS BLVD.
	1-100 TAMPA FL. 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	ROBERT M. CLUCKEY
NEW Registered Office Address:	ROBERT M. CLUCKEY 4312 70 DRIVE GAST
(MUST BE FLORIDA STREET ADDRESS)	SARA 507A ,FL 34243
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office nical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
ROBERT H. CLUCKEY	
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 providing I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar	roper and complete performance of my dutes of six of the consistence agent as provided for me erely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	mg <b>e m</b>
Division of Corporations, P.O. Box 6	nor mark Ero en U
FILING FEE: S	327, Tallanassee, FL 32314 00 00 00 00 00 00 00 00 00 00 00 00 00

INHS18 (05/08)