Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000382053)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Phone Fax Number	: (514)280-3338 : (954)208-0845	3358 0 AM	<del>'</del>
		: C T CORPORATION SYSTEM : FCA0000000023	AK NA	FEB -
From:	Division of Co Fax Number	rporations : (850)617-6383		2019

## LLC REGISTERED AGENT CHANGE FIDUCIARY FIRST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

T. CLINE

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

## 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	ame of the limited liability company: Fiduciary First	ı, LLC	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1060 Maitland Center Commons SUITE 360		
	MAITLAND, FL 32751		
	11/05/2009	L09000	0106646
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	TRINITY BUSINESS CONSULTANTS, LLC		
). ( <del>u</del> )	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	
			<b>2019</b>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	401 BOYNTON ROAD		SVH;
	MAITLAND,	FL 32751	FEB - 1 A
	,	. 0	뭐두 됐다.
(b)	Enter name of NEW Registered Agent and/or NEW Register		AX ID:
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	F STATE
	C T Corporation System		ζ,
	NEW Registered Office Address:		<del></del>
	1200 South Pine Island Road		
	Plantation	FI 33324	
the chi agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	haws of the State of s of the registered of d liability company rs of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) ibility company or as otherwise provided in company.
_	ature of a member or authorized representative of a member		Printed or typed name of signec
I here provis he ob o mer otifie CTC	thy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely refiect a change in the registered office address din writing of this change.  Corporation System	agree to act in this lete performance of ildea for in Chapter s, I hereby confirm Alfred Y	capacity. I further agree to comply with the my duties, and I am familiar with and accept to 0.5, F.S. Or, if this document is being filed that the limited liability company has been ounced.
Signati	uie of Registered Agent	ssistant 9	Secretary
	District of Community and Division in the Community of th		sheesee FL 33314

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