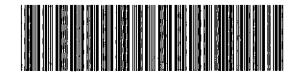
10000005098

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
APR 17 2012		
L. SELLERS		

Office Use Only



900229354659

04/16/12--01016--016 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
	T MANAGEMENT ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
BRYAN TIERNEY Name of Person		
TRILDGY ASSET MANAGEM	ent LIC	
Firm/Company		
103 SE 4th AVE Suite	/03	
Address		
DELRAY BEACH FLORISA 33	5483	
City/State and Zip Code		
ADMIN & TRILOGY-AM. COM		
E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
BRYAN TIERNEYat (561 , 265-1000 Ext. 106	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF GUANGE 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: TRILOS	Y ASSET MANAGEMENT
2. (a) Principal office address of limited liability company:	BIS3 SW YACHTSMANS
(Note: MUST BE STREET ADDRESS)	BIS3 SW YACHTSMANS STUART FLORIDA 34997
(b) Mailing address of limited liability company:	-SAME-
(Note: MAY BE POST OFFICE BOX)	
1.14.2010	120000005098
3. Date of filing/registration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	TIERNEY, BRYAN O.
Registered Office Address:	103 SE 4tH AVE SUITE 103 DELRAY BCH FLORIDA 33483
•	
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	TIERNEY, BRYAN O.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8153 SW YACHTSMANS DRIVE STUART FL 34997
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of the obligations of my position of the confirm that the limited liability company to the confirm that the limited liability company that the limited liability that the limited liability that the limited liability company that the limited liability that the limit	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote rise provided in the articles of organization