## L100000 26369

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I ALBRITTON

## **COVER LETTER**

Division of Corporations				
SUBJECT: TRI-Foundation Investments LLC Name of Limited 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 matter to the following:				
CEPAID CLAY  Name of Person  +ri- Foundation Invastments acc  Firm/Company				
742 34th Ave. N Address				
Sitint Vetters hurg. Florida 33704 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cerull (LA) at (813) 990-9584  Name of Person Area Code & Daytime Telephone Numb				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
\$25 Filing Fee & Certified Copy				
INHS18 (2/14)				



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2020

GERALD CLAY 742 34TH AVE N SAINT PETERSBURG, FL 33704

SUBJECT: TRI-FOUNDATION INVESTMENTS, LLC

Ref. Number: L10000026369

We have received your document for TRI-FOUNDATION INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 520A00025948

I made change Asked For, the only reason For this

## 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.

1.	Na	me of the limited liability company: Tr1-Founds	tran Franks LLC			
2.		(b)				
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		742 34th Ave N	742 34th Ave N			
		Spirit Petersburg FL. 33704				
		03/09/2010	L 100000 76 369			
3.		Date of filing/registration in Florida 4.	Document number			
5	(a)	Gerald CLAY				
٠.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
			1 3			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	(old Aldress)			
		17801 Arbor HAVEN Drink				
		+AMPIL FL 33	64.7			
		,				
	<b>(b)</b>	Gerald Clay				
		(FPCI/) (/A) Enter name of NEW Registered Agent and/or NEW Registered Office add	ress: (SAME NAME) (NEW HARLESS) 33			
		742 34th Ave. N				
		NEW Registered Office Address.	<del></del>			
		Spint Petersburg				
			3 <i>704</i>			
ch ag wa the	ange ent was/we e artic	or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability control authorized by an affirmative vote of the members of the limited liability control of a member of authorized representative of a member of a member of authorized representative of a member of a member of all statutes relative to the proper and complete performance of a member of all statutes relative to the proper and complete performance of a member of a member of all statutes relative to the proper and complete performance of the proper and complete performa	I office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  Gerald CLAV  Printed or typed name of signee  In this canacity. I further caree to comply with the			
no -	tified	ivergrees a change in the registered office address, I hereby con tin writing of this change. Example:	yırm ınaı ine iimilea iiabiliiy company nas been			
Si	gnatur	e of Registered Agent				

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