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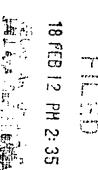
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

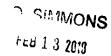
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: +RI - Foundation Name of Limite	Properties LLC and 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:			
Gerall C/AY Name of Person			
tri-Foundation Proper	tias LCC		
17801 Arbor HAven Address	Drive		
+ AMPa Flurida 33647 City/State and Zip Code			
E-mail address. (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person	8-13) 990-9584 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed 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.

1.	Na	me of the limited liability company: TRI-Foundation Properties LLC
2. ((a)	17801 Arbor Haven Drive (b) 17801 Arbor Haven Drive Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		+Ampa, Florida, 33647 +Ampa, Florida 3364
		3/25/2010 L 100000 32817
3.		Date of filing/registration in Florida 4. Document number
5 .	(a)	Keith Smith CESQ
	•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		121 North Collins Street
		Plant City , FL 33564
		7 2777
((b)	
		Enter name of NEW Registered Agent and/or NEW Registered Office address: SAMP
		NEW Registered Office Address:
		one Lake Morton Drive
		Lpteland ,FL 33801
the age was the	cha nt v s/we arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in one of organization or the operating agreement of the limited liability company.
Si	ignat	Ture of a member or authorized representative of a member Gerald Clay Printed or typed name/of signee
I he pro the to n	erel visio obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent