

L1000023656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296255961

03/13/17--01008--019 **35.00

FILED
17 MAR 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 MAR 28 PM 3:00

March 15, 2017

VITALIY DAVIY
2811 GRANDE PKWY, SUITE 304
PALM BEACH GARDENS, FL 33410

SUBJECT: TRINETIX, LLC
Ref. Number: L11000023656

We have received your document for TRINETIX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL Corporation, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 117A00004986

FILED
17 MAR 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRINETIX, LLC

Name of Corporation

DOCUMENT NUMBER: 2

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vitaliy Daviy

Name of Contact Person

Firm/Company

2811 Grande Parkway, suite 304

Address

Palm Beach Gardens, FL33410

City/State and Zip Code

vitaliy.daviy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vitaliy Daviy

Name of Contact Person

at (**561**) **6098175**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
17 MAR 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

2. (a) 18801 Collins Avenue
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 18801 Collins Avenue
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Suite 102-134 Suite 102-134
Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160

3. 02/24/2011 Date of filing/registration in Florida

4. L 11000023656 Document number

5. (a) FLORIDA SUNRISE, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3811 Rishing Trail, Sarasota, FL 34235
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

(b) _____, FL 34235
RENALDO, ALEX A
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
18051 BISKAYNE BLVD
NEW Registered Office Address:
SUITE 1904, AVENTURA
 _____, FL 33160

FILED
MAR 28 PM 1:28
13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

STROZHEMIN, OLEKSANDR
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent