

#L11000025945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 21 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY PSYCHIATRIC ASSOCIATES LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing, we request
Addition of a new agent, REMON REZK LATIF TANEOL'S
Please return all correspondence concerning this matter to the following:

SHODHAN PATEL
Name of Person

TRINITY PSYCHIATRIC ASSOCIATES LLC
Firm/Company

19103 AVE BAYONNES
Address

LUTZ, FL, 33558
City/State and Zip Code

KRUTYS@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHODHAN PATEL at (813) 966-0177
Name of Person 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

STATEMENT OF CHANGE 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: TRINITY PSYCHIATRIC ASSOCIATES LLC
2. (a) Principal office address of limited liability company: 8849 HAWBUCK STREET
TRINITY, FL 34655
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 19103 AVE BAYONNES
LUTZ, FL 33558
(Note: **MAY BE POST OFFICE BOX**)

02/25/2011
3. Date of filing/registration in Florida

L 11000025945
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SHODHAN PATEL

Registered Office Address:

8849 HAWBUCK STREET
TRINITY FL 34655

AGENT TO BE ADDED

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

REMON REZK LATIF TANEOL

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

17926 CACHET ISLE DRIVE
TAMPA, FL 33647-

MAILING
ADDRESS
FOR NEW AGENT

2702

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

SHODHAN PATEL

Printed or typed name of signer

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 608, 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.

x Remon RezK
Signature of Registered Agent

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12 MAR 19 PM
SECRETARY OF
TALLAHASSEE