## KII 0000 48154

(Re		
- (Ke	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del> </del>
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	Q. SI	LAS
	(姓、) ·	a 2017)
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Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: Private Equity F	iability 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:
David Dweck Name of Person	
Firm/Company Fundin	y uc
4851W Hillsboro B	Suite Ay
Cocoput Greek Fz ?	33073
Nous @ David Duec E-mail address: (to be used for future annual report notif	k, Com
For further information concerning this matter, please call:	
David Dweck Navy Fercial 95 Name of Verson	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Name of the limited liability company: trivate Equity Fureline W
1. Name of the limited liability company: Trivale Equity tureling W
2. (a) 4851 W. Hills born Blvd (b) SAM AS-A-
Principal office address of limited liability company:  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Dute Hu
Cocomit Creek, # 33073
4/22/11 L11000048154
3. Date of filing/registration in Florida 4. Document number
5. (a) Royana / Nasco, Pa
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Hegistered Office Address (MEST BE FLORIDA STREET ADDRESS)
(b) Siegel & Sieger Pa 3134 35 7
(b) Siegel & Siegen Pa 20 7
Enter name of NAV Degistered Asset and a NEXT print and 1855
NEW Registered Office Address:
NEW Registered Office Address:
_ #300
Boca Reton FL 33432
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.
David Dweek Monager
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 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
Division of Corporations P.O. Boy 6227a Tallaharras El 22214
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00