

L11000073039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 08 2018

S. YOUNG

**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: Tritav Holdings LLC

2. (a) 9934 Corso Bello Dr (b) 16655 Yonge St.  
Principal office address of limited liability company. Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Naples, FL 34113 Suite 200  
Newmarket, On L3X 1V6 Canada

06/22/2011 L11000073039

3. Date of filing/registration in Florida 4. Document number

5. (a) LOTES, KEVIN RESQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
o/o Salvatori, Wood, Buckel, Carmichael & Lottes  
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
9132 Strada Place  
Naples, FL 34108

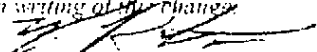
(b) Lottes, Kevin ESQ  
Enter name of NEW Registered Agent and/or NEW Registered Office address.  
c/o Lottes Law Group, PLLC  
NEW Registered Office Address:  
9132 Strada Place, Suite 207  
Naples, FL 34108

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

Nicola Tavernese  
\_\_\_\_\_  
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 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 the change.*

  
\_\_\_\_\_  
Signature of Registered Agent

FILED  
18 AUG -1 PM 4:00  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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[Signature] Nicola Tavernese  
Signature of a member or authorized representative of a member Printed or typed name of signer

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[Signature]  
Signature of Registered Agent

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

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