

L12000022375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

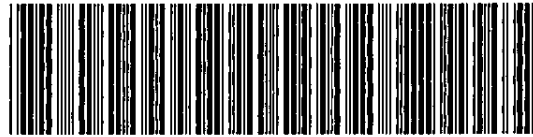
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR 13 2012

EXAMINER



300224160823

03/12/12--01013--004 **25.00

FILING CANCELLED
RETURNED CHECK

FILED
12 MAR 12 PM 1:55
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRITON FEDERAL HOLDINGS
Name of Limited 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:

SERENA ESTEVEZ

Name of Person

TRITON FEDERAL HOLDINGS

Firm/Company

311 GULF BLVD. SUITES B & C

Address

INDIAN ROCKS BEACH, FL 33785

City/State and Zip Code

INFO@TRITONFEDERALHOLDINGS.COM

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

For further information concerning this matter, please call:

SERENA ESTEVEZ

Name of Person

at (727)

216-6436

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

FILING CANCELLED
RETURNED CHECK

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: TRITON FEDERAL HOLDINGS

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

311 GULF BLVD SUITES B & C
INDIAN ROCKS BEACH, FL 33785

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

311 GLUF BLVD SUITES B & C
INDIAN ROCKS BEACH, FL 33785

02/15/2012
3. Date of filing/registration in Florida

L1200022375
4. Document number

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

Registered Agent: LYON, CHRIS D.

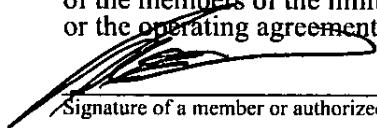
Registered Office Address: 311 GULD BLVD
SUITES B & C
INDIAN ROCKS BEACH, FL 33785

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

NEW Registered Agent: MORIZIANO, HAIM

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 311 GULF BLVD
SUITES B & C
INDIAN ROCKS BEACH, FL 33785

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

Thodore S. Thomas
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.


Signature of Registered Agent

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

FILED
MAR 12 PM 1:16
TALLAHASSEE, FL 32309
SECRETARY OF STATE