## 112000058061

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
	•	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(0.00	* 18	
/ <u>\Day</u>	cument Number)	
(20)	Sufferit (valide)	
Cartified Carins	Contification of	Ctatus
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
	8	

Office Use Only



000291535330

11/09/16--01009--022 \*\*25.00

2018 89Y -9 A DO 30'
SUCRETARY OF STATE

**S Warren** NOV 1 0 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TRI-Key Name of Lin	Holdings IIC. nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Paul Roha Name of Person	
Firm/Company	
2160 lagoon Drive Address  Dunedin FL 340 City/State and Zip Code	
E-mail address: (to be used for future annual repo	mail. (5M)
For further information concerning this matter, please of	727 ) 639-1191
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. N	ame of the limited liability company: TRI-Key Holdings LLC
	(b)
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	2160 lagoon Drive 2160 Lagoon Drive
	Donedin, FL 34698 Dunedin, FC 34698
3.	Date of filing/registration in Florida  4. L12000058061  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	300 fifth Ave South ste 101-330
	Naples , FL 34012
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	2160 19500n Drive
	Dunedin, FL 34698
the cha	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company.
Signa	ature of a member or authorized representative of a member Printed or typed name of signee
I hara	
provisi the ob- to mer notifie	by accept the appointment as registered agent and agree to got in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been at in writing of this change.