

LI3000009114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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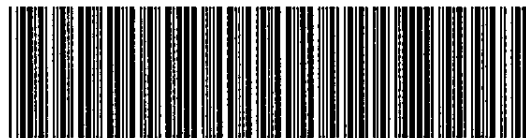
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 30 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trinity Companies, LLC  
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:

Anthony Palma

Name of Person

Firm/Company

13506 Summerport Village Hwy #402

Address

Windermere FL 34786

City/State and Zip Code

trinityandcompanies@gmail.com

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

For further information concerning this matter, please call:

Manuel Garcia

Name of Person

at ( 407 ) 4378248

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Companies, LLC
2. (a) Principal office address of limited liability company: 13506 Summerport Village pkwy,  
Suite #402  
Windermere FL 34786  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: SAME  
(Note: **MAY BE POST OFFICE BOX**)

JANUARY 17, 2013

3. Date of filing/registration in Florida

L13000009114

4. Document number

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

Registered Agent:

A/C Corporate Services

Registered Office Address:

390 N Orange Avenue  
Suite #1400  
Orlando FL 32801

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

**NEW Registered Agent:**

Anthony Palma

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

390 N Orange Avenue  
Suite #1400  
Orlando FL 32801

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.

X

Signature of a member or authorized representative of a member

Anthony Palma

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 hereby 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

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
13 JAN 28 PM  
TALLAHASSEE