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| Certified Copies | Certificates o | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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MAR 3 1 2021 S. YOUNG



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Tri-Sector Realty LLC | |
| Name | of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| Ryan Finlayson | |
| Name of Person | |
| Tri-Sector Realty LLC | |
| Firm/Company | |
| 11073 E. North Park Ave. | |
| Address . | 1 |
| Evansville, WY 82636 | |
| City/State and Zip Code | , |
| ryanfinlayson@tri-sector.co | om · · · · · · · · · · · · · · · · · · · |
| E-mail address: (to be used for future annua | |
| For further information concerning this matter, pl | lease call: |
| Ryan Finlayson | at (561) 306-0484 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahåssee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following as | mount: |
| ☑ \$25 Filling 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.

| a j | | | (b) | |
|-----------|---|--------------------------|---|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | N | tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 11073 E. North Park Ave. | _ | 11073 E | E. North Park Ave. |
| | Evansville, WY 82636 | | Evansvill | e, WY 82636 |
| | 09/11/2013 | | L130001 | 28419 |
| | Date of filing/registration in Florida | 4. | • | Document number |
| a) | Finlayson, Ryan | | | |
| , | Registered Agent and Registered Office shown on the records of | the Flor | da Dept. of State | . 2 |
| | 10261 Fanfare Dr. | | | 021 |
| | Registered Office Address (MUST BE FLORIDA STREET) | 1DDRE | <u>S.S)</u> | 2021 FEB |
| | | | | · + · · · · · · · · · · · · · · · · |
| | Boca Raton | 3342 | 28 | |
| | | | | 7:2 |
| 5) | Registered Agents Inc. | | | 27 |
| • | Enter name of NEW Registered Agent and/or NEW Registered | Office a | iddress: | |
| | 7901 4th St N | | | |
| | NEW Registered Office Address: | | | |
| | STE 300 | | | |
| | St. Petersburg | 3370 |)2 | |
| | imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li | vs of the the regularity | ne State of Flogistered office company, it is | and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided i |
| t w we | ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | limited | l liability com | pany. |

I nevery 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.

- Assistant Secretary

Signature of Registered Agent

Bill Havre