

L13000141048

(Requestor's Name)

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DEC 15 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Capital Properties, 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:

Colleen Keeley Nouhan
Name of Person

Trinity Capital Properties, LLC
Firm/Company

4175 NW 24th Terrace
Address

Boca Raton, FL 33431
City/State and Zip Code

Colleen.nouh@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Nouhan at (561) 302-0490
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2014

COLLEN K. NOUHAN
TRINITY CAPITAL PROPERTIES, LLC
4175 NW 24TH TERRACE
BOCA RATON, FL 33431 US

SUBJECT: TRINITY CAPITAL PROPERTIES LLC
Ref. Number: L13000141048

We have received your document for TRINITY CAPITAL PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 314A00022205

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: Trinity Capital Properties, LLC

2. (a) 4175 NW 24th Terrace (b) Same as office address
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Boca Raton
Florida 33431

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. October 2013 4. L13000141048
Date of filing/registration in Florida Document number

5. (a) Sheila Dang, Legal Zoom
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
U.S. Corporate Agents, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 Winding Oak Court A
Tampa, FL 33612

(b) Colleen K. Nouhan
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4175 NW 24th Terrace
NEW Registered Office Address:
Boca Raton, FL 33431

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Colleen K. Nouhan
Signature of a member or authorized representative of a member

Colleen K. Nouhan
Printed or typed name of signee

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 this change.

Colleen K. Nouhan
Signature of Registered Agent

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