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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 9 nter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address:

LLC REGISTERED AGENT CHANGE TRITON PROPERTY GROUP LLC

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S. PRATHEF

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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.

L Na	ame of the limited liability company: Triton	Property	Group LLC
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company:
	((Note: MAY BE POST OFFICE BOX)
	11/22/2013		13000164200
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PRIMEAU, JOHN C		
	Registered Agent and Registered Office shown on the reco	ords of the Florida De	ept. of State
	2625 WESTON ROAD		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	2021 OCT -6 SECRETARY OF TALLAHASSEE
	WESTON	FL 33331	IAS IAS
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Reg 7901 4th St N	tistered Office addres	PH PH
	NEW Registered Office Address.		
	STE 300		
	St. Petersburg	_{FL} 33702	
he cha igent v vas/we	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memoles of organization or the operating agreement of	ess of the register ited hability comp abers of the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Rilux Pak	Riley F	Park
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl. o mere	ons of all statutes relative to the proper and con igations of my position as registered agent as pr ely reflect a change in the registered office addra I'm yeiting of this change.	nd agree to act in uplete performanc rovided for in Cha ess, I hereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accep upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
D	Bill Havre - Ass	istant Secretar	·y

Signature of Registered Agent