## L14000053039

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
J. HORNE					
AUG - 6 2025					

Office Use Only



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2028 AUC -5 AH 11: 13

025 AUG -5 PH 4: 2

125 MIN -5 PH 4: 2

.201 Hays Street Callhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195  REFERENCE :
AUTHORIZATION :
COST LIMIT : \$25.00
PRDER DATE : 8/5
RDER TIME :
PRDER NO. :
CUSTOMER NO:
CHANGE OF AGENT
NAME:
LEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON:

## 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.

I. Na	ame of the limited liability company: TRICOR, LLC			
2. (a)	8281 E Gelding Drive	4	8281 E G	elding Drive
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Scottsdale, AZ 85260		Scottsdale	e. AZ 85260
	03/27/2014		L14000052	039
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			_
J. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florid	la Dept. of State	2025 NJ - 5 AVIII: 13
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 214	<u>ADDRES</u>	<u>:S)</u>	
	PLANTATION, FI	33324		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office a	ddress:	-
	NEW Registered Office Address:			-
	1201 Hays Street			
	Tallahassee , FI	32301		
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the Josh Fancher	register ability c of the lin- limited	red office and ompany, it is nited liability liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	ture of a member or authorized representative of a member		/=//	Printed or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	t in this cape ance of my o Chapter 605 confirm that t	· · · · · · · · · · · · · · · · · · ·
Signatu	re of Registered Agent			

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

COA-429426

FILING FEE: \$25.00