## L14000071889

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## COVER LETTER

:OTi

Registration Section

Division of Corporations							
SUBJECT: Trilogy Holdings International, LLC	C						
30D0EC1.	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the fo	ollowing:					
Bryan J. Lake							
Name of Person		_					
Trilogy Holdings international, LLC							
Firm/Company		_					
5303 Indian Bluff Drive							
Address							
Youngstown, FL. 32466							
City/State and Zip Code							
lakebryan@hotmail.com							
E-mail address: (to be used for future annual	ual report notific	cation)					
For further information concerning this matter,	please call:						
Bryan J. Lake	at (_ <b>608</b>	732 - 1007					
Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:					
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	lall	ahassee, Florida 32314					
Enclosed is a check for the following	amount:						
\$25 Filing Fee	<b>□</b> \$55	5 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.

1.	Na	me of the limited liability company: Trilogy Holding	gs intern	nat	ional, LLC		
2.	(a)		đ	<b>53</b>			
	\	Principal office address of limited liability company:  (Note; MUST BE STREET ADDRESS)	_ (	-,.		Nailing address of limited (Note: MAY BE POST	
		5303 Indian Bluff Drive,			5303 India	n Bluff Drive,	
		Youngstown, FL. 32466	_	•	Youngstow	vn, FL. 32466	
		04 - 25 - 2014			L1400007	1889	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)						
	(-)	Registered Agent and Registered Office shown on the records of	the Florid	la D	Dept. of State	:	
		Nadine M. Beavers					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		6422 W. Hwy. 98, Suite # 1101					20
		Panama City Beach , FE	32407				SECILE I NVISION O
							C ON O
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	067				-5 FOR
		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	aar	<u>'ess</u> :		OF STATE ORFORATIONS IFM 2:58
		Bryan J. Lake				RAI 2:	
		NEW Registered Office Address:			_		258 200 HZ
		5303 Indian Bluff Drive					Ų,,
		Youngstown Fi	32466				
		, FL	32400				
If t	he li	mited liability company is not organized under the lay	ws of the	e S	tate of Flo	rida, it is hereby con	ofirmed that after
age	nt y	nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like	ability c	on	npany, it is	hereby confirmed the	hat the change(s)
wa	s/we	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the lin	nit	ed liability	company or as other	erwise provided in
ше	al N	cres of organization drafte operating agreement of the			า J. Lake	pany.	
s	ignat	ure of a member or authorized representative of a member			TO. Lake	Printed or typed name of	of signee
the to i	ovisie obh mere iftea	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gaijons of my position as registered agent as provided by reflect a change in the registered office address, I it writing of this change.	ree to ac perform d for in hereby c	et in Par Ch con	n this capa nce of my a napter 605, nfirm that t	icity. I further agree hities, and I am Jam. F.S. Or, if this doc he limited liability o	e to comply with the iliar with and accept ument is being filed company has been