

LI4000 156 133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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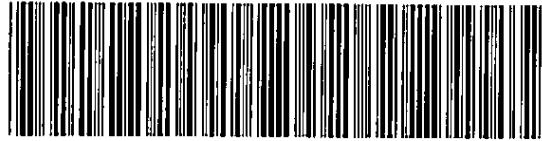
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 29 2019
C Kinsey

**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: LARGO TRIO, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

399 W PALMETTO PARK RD #102

BOCA RATON, FL 33432

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

399 W PALMETTO PARK RD #102

BOCA RATON, FL 33432

10/6/2014

L14000156133

3. Date of filing/registration in Florida

4. Document number

5. (a) GM FINANCIAL GROUP LIMITED INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1499 W PALMETTO PARK RD #130

BOCA RATON, FL 33486

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

399 W PALMETTO PARK RD #102

NEW Registered Office Address:

BOCA RATON, FL 33432

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.

DALIER J RAMIREZ
Signature of a member or authorized representative of a member

DALIER J RAMIREZ, TENANTS ENTIRETY

Printed or typed name of signer

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.

Signature of Registered Agent

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

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