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COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	TRAPMIN GROUP, LLC.					
SODJI	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
JORG	GE E. VERNAZZA					
	Name of Person					
TRAF	PMIN GROUP, LLC.					
	Firm/Company					
1054	5 NW 29TH TERR					
	Address					
DOR.	AL FL 33172					
	City/State and Zip Code					
•	ningroup@gmail.com					
I	E-mail address: (to be used for future annu	al report notification)				
For fu	rther information concerning this matter,	please call:				
JORG	GE E. VERNAZZA	305 470-0114				
	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				
INHSI	8 (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: TRAPMIN GRO	OUP,	LL	.C.				
2.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((b) _		Mailing address of (Note: MAY BE	POST C		
		10545 NW 29TH TERR DORAL FL 33172	_	_		W 29TH TEI FL 33172			
		11/03/2014	_	L.	1400017	70263			
3.		Date of filing/registration in Florida	4.			Document nur	nber		
5.	(a)	ANNA M GONZALEZ							
J.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florid	da D	ept. of State	: :			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(2.2</u>		•			
		9354 E BAY HARBOR DR						5	
		BAY HARBOR ISLANDS ,FL	33154	4				AUG	
	(b)	JORGE E. VERNAZZA				_	3388	-8 PM	
	` ,	Enter name of NEW Registered Agent and/or NEW Registered (Office a	iddr	e <u>ss</u> :		HASSEE, FLORIDA	1:42	gaman Pri
		NEW Registered Office Address:				-	٠,٠		
		10545 NW 29TH TERR				-			
		DORAL , FL	33172	2		-			
the age was the	e cha ent v is/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized representative of a member	the reg bility of f the li limited JC	giste con mit i lia	ered office apany, it is ed liability bility com GE E. VI	e and the busing shereby confirming to a company or a company. ERNAZZA Printed or typed	ess officemed that as other	ce of that the consistence of th	he registered change(s) rovided in
pre the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a charge in the registered office address, I have in writing of this change. The of Registered Agent Division of Corporations • P.O. B	perfori I for in iereby	mai con	ice of my e capter 605 firm that	duties, and I ai 5, F.S. Or, if th the limited lial	m famili sis docu bility co	to com iar wit ment i mpany	ply with the h and accept s being filed has been

FILING FEE: \$25.00