## L15000012083

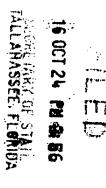
| questor's Name)                         |  |  |  |  |  |
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| Certificates                            | of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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## COVER LETTER & TO: . Registration Section Division of Corporations Trifecta Creative Collective LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Hugo Tabares** Name of Person Trifecta Creative Collective LLC Firm/Company 8365 SW 42nd Ct. Address Davie, FL 33328 City/State and Zip Code hugo@wearetrifecta.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hugo Tabares 954 651-0839 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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.

| Name of the limited liability company:     Trifecta Creative Collective LLC  |                                |   |   |  |  |
|--|--------------------------------|---|---|--|--|
| 2. (   | (a)                            | 8365 SW 42nd Ct., Davie, FL 33328   | (b) 8365 SW 42nd Ct., Davie, FL 33328   |  |  |
| _, ,   | ,                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)      |  |
|  |                                | 8365 SW 42nd Ct.,   | 8365 S                                  | W 42nd Ct.,  |  |
|  |                                | Davie, FL 33328   | Davie, FL 33328                         |  |  |
|  |                                | 02/17/14  | L15000012083                            |  |  |
| 3.   |                                | Date of filing/registration in Florida  | 4.                                      | Document number  |  |
| 5.   | (a)                            | Inmaculada Fernandez  |   |  |  |
| J.   | (u)                            | Registered Agent and Registered Office shown on the records of th   | e Florida Dept. of Sta                  | te:  |  |
|  |                                | Registered Office Address (MUST BE FLORIDA STREET AL<br>801 S. Federal Hwy. #1117   | DDRESS)                                 | _  |  |
|  |                                | Pompano Beach , FL 3  | 33062                                   | -<br>  |  |
| (  | (b)                            | Hugo Tabares  Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   | OCT 24 PM  |  |
|  | NEW Registered Office Address: |   |   |  |  |
|  |                                | 8365 SW 42nd Ct.  |   |  |  |
|  |                                | Davie , FL 3  | 33328                                   | ·<br>_   |  |
| 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.  Hugo Tabares  Signature of a member or authorized representative of a member  Printed or typed name of signee  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 |                                |   |   |  |  |
| noti   | jiea<br>•                      | ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address, I had<br>in writing of this change. | for in Chapter 60<br>ereby confirm that | 5, F.S. Or, if this document is being filed the limited liability company has been |  |
| oigi   | manu                           | e of Registered Agent   |   |  |  |