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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: Tricove Davidsons, LLC				
Name of Lif	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Timothy Tan				
Name of Person				
Tricove Davidsons, LLC				
Firm/Company				
4300 Salisbury Road				
Address				
Jacksonville, FL 32216				
City/State and Zip Code				
timothytanws2@gmail.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
Timothy Tan 3	3467336			
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			

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: Tricove Davids	ons, LLC	
2. (a)	4300 Salisbury Road, Jacksonville, FL 32216	(b) 43	00 Salisbury Road, Jacksonville, FL 322
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/26/2015		000015232
), , , ,	Date of filing/registration in Florida Timothy Tan	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records of the 11322 SE 55th Avenue Road 3002, Belleview		. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	, FL_3	34420	
(b)	Timothy Tan		SED SED
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
	4300 Salisbury Road, Jacksonville		
	NEW Registered Office Address:		3:31
	E. IS	32216	•
he cha gent v vas/wo	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	s of the State he registered pility compa the limited imited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o merc	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act in the erformance for in Chape ereby confire	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signatu	re of Registered Agent		