## 16000102857

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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09/24/18--01017--019 \*\*25,00



September 27, 2018

BENT DANHOLM 2030 LAKE FISCHER COVE LN GOTHA, FL 34734

SUBJECT: TRIGON SERVICES, LLC

Ref. Number: L16000102857

We have received your document for TRIGON SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please revise #5a to match sunbiz.org records (please see attached).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 618A00020208

Dionne M Scott Regulatory Specialist II

## 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: Trigon Service	s LLC				
2. (a)	2030 Lake Fischer Cove Ln	(b) 2030 Lake Fischer Cove Ln				
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				-
	Gotha, FL 34734	<b>-</b>	Gotha, FL 34	734		
	05/26/2016	l	_1600010285	7		
3.	Date of filing/registration in Florida	4.	Docu	iment number		
5. (a)	Bent Danholm					
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State;			
	Bent Danholm					
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		<b></b>	m	
	2030 Lake Fischer Cove Ln // 2/4	P	ACAW	CT	M)	
	Gotha WENDER HERE FL	34 <del>734</del> -	1 <u>ACA</u> W 34780	$\gamma$	la la	
(b)	Bent Danholm				73	
(-)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:			[]
	BENT DAVHORA				5 1	
	NEW Registered Office Address;				D	1
	2030 Lake Fischer Cove Ln			•	ر بـِ	ブ
	Gotha	34734		; <del>-</del>	E.	
the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote the members of icles of organization or the operating agreement of the l	the regis	ered office and a	the business officies confirmed the	ce of the re	gistered
			t Danholm			
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obt to mer	by accept the appointment as registered agent and agre 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 affice address. I h d in writing of this change.	e to act performa I for in C ereby co	in this capacity, nce of my duties hapter 605, F.S. nfirm that the lit	I further agree s, and I am Jamils Or, if this docu mited liability co	to comply y ar with an ment is bei mpany has	with the d accep ng filed been
Signatu	re of Registered Agent					

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