16000104093

(Requestor's Name)					
(Address)					
(Address)					
(Ĉity/Ŝtate/Zip/Phone #)					
WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certificates	of Status				
Special Instructions to Filing Officer:					
	dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number)				

Office Use Only



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09/24/18--01017--016 **25.00



D. RRUCE OCT 0 2 2018

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Commission Advance, LLC	•		
	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	;·
Please return all correspondence concerning th	nis matter to the	following:	
Bent Danholm			
Name of Person		<u></u>	
Trigon Services LLC			
Firm/Company		<u> </u>	
2030 Lake Fischer Cove Ln			2011
Address			2018 SEP
Gotha, FL 34734			22
City/State and Zip Code			AH 11: 36
bent@gotrigon.com			2 2 2
E-mail address: (to be used for future an	nual report noti	fication)	
For further information concerning this matter	r, please call:		
Bent Danholm	407 at (288 0704	
Name of Person		Area Code & Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	cgistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$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.

1. N	ame of the limited liability company: Commission	Advan	ce, LLC	
2. (a)	2030 Lake Fischer Cove Ln	(_{b)} 2030 I	_ake Fischer Cove Ln
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		o, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Gotha, FL 34734		Gotha	, FL 34734
	05/26/2016		L16000	104093
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Trigon Services LLC			
J. (II)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of S	tate:
	Trigon Services LLC			
	Registered Office Address (MUST BE FLORIDA STREET) 2030 Lake Fischer Cove Ln	ADDRES	<u>(S)</u>	
	Gotha . F	L 3473	4	SEP -
(b)	Trigon Services LLC Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:	24 FT 1
	Trigon Services LLC			
	NEW Registered Office Address:			÷ •
	2030 Lake Fischer Cove Ln	-		
	Gotha F	L 3473	4	
sign I heroprovithe of to me	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the appraising agreement of the autre of a member or authorized representative of a member serve accept the appointment as registered agent and assions of all slatutes relative to the proper and completingations of my position as registered agent as providingly reflect a change in the registered office address, and in writing of this change.	of the reg liability of the li se limited Bo	gistered off company, i mited liabi l liability o ent Danh	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Olm Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent