L16000 178824

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | Idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| | | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | <u> </u> | |
| | Office Use On | lv |



04/22/20--01008--005 ++25.00





COVER LETTER

,

TO: Registration Section Division of Corporations

TRITON APPRAISALS LLC SUBJECT:

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:

DILLON & CHANSEN

Name of Person

TRITON APPRAISALS LLC

Firm/Company

111 E WASHINGTON ST, #2118

Address

ORLANDO, FL 32801

City/State and Zip Code

TRITON.APPRAISALS@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| DILLON A CHANSEN | 321 946-4070 |
|--------------------------|-----------------------------------|
| Name of Person | Area Code & Daytime Telephone Nur |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

Enclosed is a check for the following amount:

325 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.

TREASE SOURS LASS ALL A

| i. Na 2. (a) | me of the limited liability company: | | (b) TR | RITON APPRAISALS LLC |
|---------------------------|--|---|---|---|
| (147 | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 111 E WASHINGTON ST. #2118 | | 111 | LE WASHINGTON ST, #2118 |
| | ORLANDO. FL 32801 | | OR | RLANDO, FL 32801 |
| | 09/26/2016 | | L160 | 000178824 |
| | Date of filing/registration in Florida | 4. | | Document number |
| . (a) | DILLON A CHANSEN | | | |
| . (, | Registered Agent and Registered Office shown on the records of the Florida Dept. of State TRITON APPRAISALS LLC | | | a, of State: |
| | Registered Office Address <u>(MUST BE FLORIDA STREET</u> 1305 Morgan Stanley Ave, Unit 117 | ADDRI | <u>:SS)</u> | |
| | Winter Park | 32789 |) | |
| (b) | DILLON A CHANSEN | | | |
| Ent | Inter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | TRITON APPRAISALS LEC | | | en Starten en |
| | <u>NEW</u> Registered Office Address: | | | |
| | 111 E WASHINGTON ST, #2118 | | | · · · |
| | ORLANDO | 32801 | | |
| hange gent v vas/we | imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e regist ability of the l limite | ered off compar imited l d liabili | ffice and the business office of the registered my, it is hereby contirmed that the change(s) liability company or as otherwise provided in |

Signature of a member or unhorized 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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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