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Division of Corporations

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Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_ LLC REGISTERED AGENT CHANGE TR3Z, LLC Certificate of Status Certified Copy 1 02 Page Count \$55.00 Estimated Charge

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T. LEMIEUX MAR 2 2 2022

From: Lexus Wingo

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## 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 Porida.

I. N	ame of the limited liability company: TR3Z, LLC		
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1922 S Club Drive		lub Drive
	Wellington, FL 33414	_	on, FL 33414
	February 21, 2017	L17000040	)784
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	William G Shofstell		<b>4</b> 5.5 <b>2</b>
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Su	22 HAR
	Registered Office Address (MUST BE FLORIDA STREET) 828 Squire Drive	ADDRESS)	FILED  2022 MAR 18 AM11: 13  SET BLANCY OF STATE FLORIDA  18 1 1 1 1
	Wellington .FL	33414	#11: SIA FLORA
	C T Corporation System		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	NEW Registered Office Address:		<del>,</del>
	1200 South Pine Island Road		<del>_</del>
	Plantation , FL	33324	
the chargent was in the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like it authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	ws of the State of F the registered officability company, it of the limited liability	lorida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
7	iture of a member of authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is discounted in writing of this change.		

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