## L17000110442

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Certified Copies	Certificates of Status			
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Special Instructions to Filing Officer:				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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REFERENCE : 739511

AUTHORIZATION

8382338 milleran

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COST LIMIT : \$`25]

ORDER DATE : June 13, 2022

- ORDER TIME : 8:30 AM
- ORDER NO. : 739511-006

CUSTOMER NO: 8382338

## CHANGE OF AGENT

NAME: TRILLAMED, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

## 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.

1.44	me of the limited liability company:	_C			
a)	1012 NE 44TH STREET	(t	5) _	30100 Telegraph Rd	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )	
	OAKLAND, FL 33334		S	Ste 366	
			Bingham Farms, MI 48025		
	05/18/2017		L1	.17000110442	
	Date of tiling/registration in Florida	4.		Document number	
a)					
aj	Registered Agent and Registered Office shown on the records of	the Florida	a De	Dept. of State:	
	InCorp Services, Inc.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	5)	20	
	17888 67th Court North				
	Loxahatchee	33470			
				(	
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>l Office ad</u>	dre	rew:	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee . FI	32301			
ige it w /we	mited liability company is not organized under the lat or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registere ability co of the lim limited l	ed o mp lite lab	office and the business office of the registered apany, it is hereby confirmed that the change(s ed liability company or as otherwise provided ibility company.	
	ure of a member or authorized representative of a member			Printed or typed name of signee	

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.

S n NOC 0 Signature of Registered Agent

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Grace E. Kirby, Asst. Vice President

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