7/21/2021



Division of Corporations Electronic Filing Cover Sheet

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та:	Division of Corporations Fax Number : (850)617-6383	JUL 22 P	RETARY OF			
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	H 2: 13	STATE			

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 TRITON II JV, LLC

2021 JUL 22 4M 7: 54 SECHELMAN SEET FORMER ALLAHASSEET FORMER

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A. LUNT

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Corporate Filing Menu

Help

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.	Name of the limited liability company: Triton II JV, L	LC					
2. (a	12802 Science Drive	(b) 12802 Science Drive					
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	***	Mailing address of limited fia (Note: MAYBE POST O)				
	SUITE 300	SUITE 30	00				
	Orlando, FL 32826	Orlando,	FL 32826		·····		
	06/28/2017	L17000140	irito				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a) WOLFORD, SHARON						
J. (Registered Agent and Registered Office shown on the records	of the Florida Dept of Su	ale:				
	12802 Science Drive SUITE 300						
	Registered Office Address (MUST BE FLORIDA STREE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					017		
	Orlando	FL. 32826	_	ال 21	/ISIO		
41.	C T Corporation System		JUL 22	N OF TAP			
((Enter name of NEW Registered Agent and/or NEW Registered Office address:					
				72	ILED RY OF STATE CORFORATIONS		
			10°144	2: 1	RAT		
	NEW Registered Office Address:			$\bar{\omega}$	$\frac{5}{2}$		
	1200 South Pine Island Road	_		S			
	Plantation	FL_33324					
Ta' il.			 	•			
the c	e limited liability company is not organized under the hange or changes are made, the Florida street address	of the registered office	ce and the business office	of the r	egistered		
agen	t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member.	Hiability company, it	is hereby confirmed that	the char	ige(s)		
the a	r e operating agreement of the			ise provi	1(1¢(1111		
	W. Joseph O. Brunette:	Deborah A. Bru					
_	nature of a member or authorized representative of a member		Printed or typed name of sig	-			
I her provi the o to me notifi	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provierely reflect a change in the registered office address, led in writing of this change.	igree to act in this ca de performance of my ded for in Chapter 60 I hereby confirm tha	pacity. I further agree to duties, and I am familia 15, F.S. Or, if this docum t the limited liability com	comply r with ar ent is be pany ha	with the id accept ing filed s been		
Ву	CT Corporation System KMX+DAPA	Kristin Bolden Assist	tant Secretary				
Signa	ature of Registered Agent						