117000 150 208

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

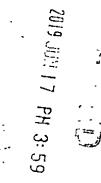
Office Use Only



400330271664

Francisco Company Company Company

R. WHITE JUN 2 7 2019



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Trinity Compounding Experts LLC 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:				
Deanna Catalano Name of Person				
Firm/Company				
6631 Orion Drive Suite 112 Address				
Fort Myers FL 33912 City/State and Zip Code				
deanna a apothicare 3100. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Deanna Catalano at (941) 275-5009 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State e Florida.

1. Na	me of the limited liability company: Trinity Compoundin	g Experts LLC		
	6631 Orion Drive Suite 112 (b) 6631	Orion Drive Suite 117 failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Fort Myers FL 33912 Fort	Myers FL 33912_		
	July 13 2017	000150208		
3.	Date of filing/registration in Florida 4.	Document number		
5. (a)	United States Corporation Agents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	Acquired Agent and Acquired Control of the records of the formation of the records of the record			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Tampa .FL 33612			
(b)	Deann Catalana	201		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	2019 JU!!		
	6631 Orion Drive Sute 112	7		
	NEW Registered Office Address:	골 설 교 교		
		<u> </u>		
	Fort Myers FL 33912			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after				
the cha agent v was/we	nge or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in		
THE arti	cles of organization or the operating agreement of the limited liability con	na Catalano		
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee		
I here provisi the obt to mer	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 603 dy reflect a change in the registered office address. I hereby confirm that I in writing of this change.	icity. I further agree to comply with th luties, and I am familiar with and acce, , F.S. Or, if this document is being file the limited liability company has been		
Signatu	re of Registered Agent			

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