117000246590

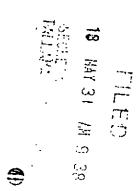
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000313813530

05/31/18--01008--030 **25.00



O SIMMONS JUN 0 4 2018

COVER LETTER

TO: Registration Section Division of Corporations						
TRINITY LEGAL TEAM, LL SUBJECT:	.C					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
ROBERT COLE						
Name of Person		<u> </u>				
AMG						
Firm/Company		_				
4205 WATERMILL AVE						
Address						
ORLANDO, FL 32817						
City/State and Zip Code						
bobby@amgorlando.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ROBERT COLE	321 at (279.1802				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	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	□ \$:	55 Filing Fee & Certified Copy				
INHS18 (2/14)						

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: TRINITY LEG	GAL TEAM, 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)
	555 WINDERLEY PLACE SUITE 300	SAME	
	MAITLAND, FL		· · · · · · · · · · · · · · · · · · ·
	12/2/2017	L170002	246590
3.	Date of filing/registration in Florida	4.	Document number
5. (a	a) GEORGE V CORNELL III		
	WEST PALM BEACH , FI	33405	_
(b	, ROBERT COLE		- E 3- E
·	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	量の
	NEW Registered Office Address:		_ · မှ · မှ
	4205 WATERMILL AVE		
	ORLANDO , FL	32817	_
the clagent was/v	e limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linear authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered office ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. INET
	fature of a member or authorized representative of a member		Printed or typed name of signee
provi the or to me notifi	reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the registered office address, I sed in friting of this change	ree to act in this ca performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signa	ture of Registered Agent		