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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations						
SUBJECT:	Triangle Investments, LLC					
GODGECT.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Offi	ice Change and fe	e(s) are submitted for filing.			
Please return	n all correspondence concerning the	is matter to the fol	lowing:			
Diane Har	twig					
	Name of Person	•	•			
Triangle In	nvestments					
	Firm/Company					
17 Den H	elder Ave					
	Address		•			
Punta Gor	<sup>-</sup> da, FL 33950					
	City/State and Zip Code	· ·				
<del>-</del>	afetyandhealth.com					
E-mail	address: (to be used for future ann	ual report notifica	ttion)			
For further i	nformation concerning this matter,	please call:				
Diane Har	twig	941- at (	575-1122			
	Name of Person	<del></del>	Area Code & Daytime Telephone Number			
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. l	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>⊠</b> \$	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			

## 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.	Na	me of the limited liability company: Triangle Inves	tments	s LLC			
7	(a)	17 Den Helder Ave	(b) 17 Den Helder Ave				
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Punta Gorda		Punta Gorda			
		FL 33950		FL 33950			
		1/1/2018		<b>L</b> 1800001	1970		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Diane Hartwig					
J. (u)	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat  17 Den Helder Ave			#:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
<b>(</b> b		Punta Gorda	33950		E IL 2019 NOV 18 SECRETARY TALL AHASSE		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office a		dress:			
		NEW Registered Office Address:			TE ZE		
		17 Den Helder Ave					
		Punta Gorda , FL	33950				
the ag wa the	ent v ent v is/we earti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited liability. Here of a member or authorized representative of a member	the regi ibility ed f the lin limited	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr the to	ovisi 2 obl mer	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to ac perform I for in hereby c	t in this capt ance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		
Si	gnatu	re of Registered Agent					