## 11800029959

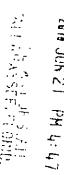
(R	equestor's Name)				
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PICK-UP	WAIT MAIL				
<b>(</b> B	usiness Entity Name)				
(Document Number)					
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Special Instructions to Filing Officer:					





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## GOVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJI	TRINITY 777 INVESTMENT	T LIMITED LIA	BILITY COMPANY
		ne of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	sclosed Registered Agent/Registered Off	fice Change and f	ec(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the fo	ollowing:
ANTF	RINA BIRCH		
	Name of Person		_
TRIN	ITY 777 INVESTMENT		
	Firm/Company		_
6301	N. UNIVERSITY DRIVE APT	<sup>‡</sup> 203	
	Address		_
TAM	ARAC, FL. 33321		
	City/State and Zip Code		_
antrir	na27@gmail.com		
E	E-mail address: (to be used for future and	nual report notific	eation)
For fu	rther information concerning this matter	, please call:	
ANTF	RINA T BIRCH	954 at (	599-4003
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tałlahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee	<b>□</b> \$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.

Na	me of the limited liability company:	TRINITY 777	INVE:	STMENT LIMITED LIABILITY COMPANY
a) .	6301 N. UNIVERSITY DRIVE			(b) 6301 N. UNIVERSITY DRIVE
·· <i>)</i> .	Principal office address of limited lia (Note: MUST BE STREET A		``	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	APT # 203			APT # 203
	TAMARAC, FL. 33321		<del></del>	TAMARAC, FL. 33321
	FEBUARY 02, 2018			L18000029959
	Date of filing/registration in	n Florida	4.	Document number
(۵	KENDRICK PESSOA			
a)	Registered Agent and Registered Office show	wn on the records of t	the Flori	da Dept. of State:
				, n
	Registered Office Address (MUST BE F	LORIDA STREET A	ADDRES	SS)
	18810 N.W 29TH PLACE			20 JUN 2 II
	MIAMI GARDENS		33056	
o)	ANTRINA T BIRCH			ddress:
,, .	Enter name of NEW Registered Agent and/	or NEW Registered	Office a	ddress:
		<u> </u>		
	NEW Registered Office Address:			
	6301 N. UNIVERSITY DRIVE	APT # 203	<del></del> _	
	TAMARAC	, FL	3332 <sup>-</sup>	1

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

Signature of Registered Agent