L18000_250650

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

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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Da	ate:	02/06/2025	- 4: DW
	 -	Acc#I20160000072	anic solvi
Name:	Tri Star Indu	strial, LLC	
Document #:			
Order #:	16129183		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	55.00	

Thank you!

COVER LETTER

TO: Registration Section Division of Corporations								
Tri Star Industrial, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.							
Please return all correspondence concerning thi	s matter to the following:							
Alanna Quinn								
Name of Person								
King & Spalding LLP								
Firm/Company								
1180 Peachtree St. NE, Stc. 1600								
Address								
Atlanta, GA 30309								
City/State and Zip Code								
AQuinn@KSLAW.com								
E-mail address: (to be used for future ann	ual report notification)							
For further information concerning this matter,	please call:							
Alanna Quinn	404 277-4887 at ()							
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	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.

. (a)		_ (b)		<u> </u>		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	501 North 44th Street, Suite 350	501 North 44th Street. Suite 350				
	Phoenix, AZ 85008	oenix, AZ 85008	ix, AZ 85008			
	10/24/2018	L18	000250650			
3.	Date of filing/registration in Florida	- 	Document	number		
_	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	he Florida Dep	ot. of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)				
	1201 HAYS STREET	_		2025 TĂL		
	TALLAHASSEE, FI	32301		FEB -6		
(b)	C T Corporation System		EB-6 A			
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	? :	TALLAHÁSSÉE. FLORID		
	NEW Registered Office Address:			P		
	1200 South Pine Island Road		_ 			
	Plantation	33324				
the changent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members celes of organization or the operating agreement of the	the registers ability comp of the limited	ed office and the blany, it is hereby colliability company ility company.	onfirmed that the change(s)		
I here provis the ob- to mer notifie By:	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change. CT Corporation System Meredith Hellwig, Assistant Secretary are of Registered Agent	ree to act in performanc d for in Cha hereby confi	this canacity. I fu	rther agree to comply with the		

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