

L19000017155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

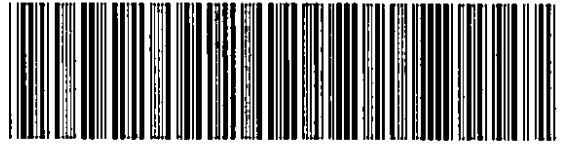
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/18/19--01027--016 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 APR -5 AM 11:05

APPROVED
AND
FILED

T.S.
6/18/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2019

ORLANDO ALFONSO
2924 NW 109 AVE
DORAL, FL 33172

SUBJECT: TROGON BLUE, LLC
Ref. Number: L19000017155

We have received your document for TROGON BLUE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 719A00006105

Curran - 03/27/19

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AND
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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROGON BLUE, 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:

ORLANDO ALFONSO
Name of Person

TROGON BLUE, LLC
Firm/Company

2924 NW 109 AVE
Address

DORAL, FL 33172
City/State and Zip Code

ORLANDO@TRIANGLEFIRE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLANDO ALFONSO at (305) 592-3011
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TROGON BLUE, LLC

2. (a) 2924 NW 109 AVE (b) 2924 NW 109 AVE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DORAL, FL 33172

DORAL, FL 33172

1/15/2019

L19000017155

3. Date of filing/registration in Florida

4. Document number

5. (a) RAQUEL CANO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2924 NW 109 AVE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

MIAMI, FL 33172

(b) ORLANDO ALFONSO

Enter name of NEW Registered Agent and/or NEW Registered Office address:

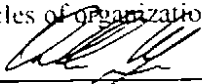
2924 NW 109 AVE

NEW Registered Office Address:

DORAL, FL 33172

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

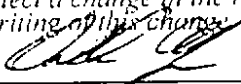


Signature of a member or authorized representative of a member

ORLANDO ALFONSO

Printed or typed name of signer

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