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LLC REGISTERED AGENT CHANGE TRIPLE THREAT RESTORATION, LLC

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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. N	Jame of the limited liability company: Tri	ple Thre	eat Rest	oration, LLC	· 	
2. (a)	3279 NW 95TH ST		(b) 18466 GLASTONBURY RD			
2. ()	Principal office address of limited liability (Note: MUST BE STREET ADDRE		· ("/ <u></u>	Mailing address of lim		: .
	1A		<u>B</u>			<u> </u>
	MIAMI, FL 33147	DETROIT, MI 48219				
	03/01/2019		L1900	00059844		
3.	Date of filing/registration in Flor	ida	4.	Document number	r	
5. (a) PAULING, TATYHANA B					•
v. (=	Registered Agent and Registered Office shown on	the records of the	e Florida Dept. of	State:		
	18466 GLASTONBURY RD					
	Registered Office Address (MUST BE FLORE		TASE 19			
	L				CAR E	77
	DETROIT	_{1:1} 4	18219		19 NAR 13 SECRETAS TALLAHASS	
						m
(b)	Northwest Registered A	Agent Li	LC			ED
	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered O	Mice address:		5: 26 STATE FLORID	
	7901 4th St N				DA S	
	NEW Registered Office Address:		·			
	STE 300					
	St. Petersburg	, _{FL} 3	33702			
the chagent was/v	limited liability company is not organized unange or changes are made, the Florida stree will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the ticles of organization or the operating agree	et address of the da limited tiab e members of	he registered o pility company, the limited lial	ffice and the business, it is hereby confirmed bility company or as o	office of the regis d that the change(stered s)
	Margam Polker		Morgan N	loble		
Sign	nature of a member of authorized representative of a m	ember		Printed or typed nan	ne of signee	
I here provide the ob- to me notifie	chy accept the appointment as registered as sions of all statutes relative to the proper a bligations of my position as registered agent rely reflect a change in the registered office and my this change.	nd complete p t as provided t address, I he	erformance of for in Chapter creby confirm t	capacity. I further ag my duties, and I am fo 605, F.S. Or, if this a hat the limited liabilit	gree to comply witt amiliar with and a document is being by company has be	h the ccept filed en
Signal	ture of Registered Agent					

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