

L190000 74663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

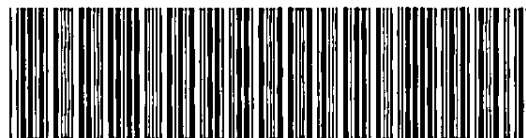
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500342156945

03/18/20--01021--017 **485.00

FILED

2020 APR 20 AM 9:44

FILED

R A / R O / C H 8

APR 21 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-STAR Professional Services 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:

OMAR INNIS
Name of Person

TRI STAR Professional Services LLC.
Firm/Company

421 LAKEVIEW RD.
Address

Poinciana FL 34759
City/State and Zip Code

Omar.innis@icloud.com
E-mail address: (to be used for future annual report notification)

Rec'd 4.20.20

For further information concerning this matter, please call:

OMAR INNIS at (321) 333-6066
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2020

VANESSA TORRES-PINO
1100 SW 128TH TERRACE
U205
PEMBROKE PINES, FL 33027

SUBJECT: TRI-STAR PROFESSIONAL SERVICES LLC
Ref. Number: L19000074663

We have received your document for TRI-STAR PROFESSIONAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00007091

**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: TRI-STAR Professional Services LLC.

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

421 LAKEVIEW RD
Poinciana FL 34759

421 LAKEVIEW RD
Poinciana FL 34759

3. 03/18/2019
Date of filing/registration in Florida

4. L19000074663
Document number

5. (a) United States Corporations Agents, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

5575 S. SEMORAN BLVD. Suite 36.
Orlando, FL 32822

(b) Vanessa Torres-Pino
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

1100 SW 128th terrace
NEW Registered Office Address:

unit # 14205
Pembroke Pines, FL 33426

FILED
2020 APR 20 AM 9:44
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04-20-20 BY 60322

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]
Signature of a member or authorized representative of a member

OMAR Innis
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]
Signature of Registered Agent