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Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 MAY 25 AM 10:09

LLC REGISTERED AGENT CHANGE
TROYA ADV LLC

Certificate of Status	0
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Electronic Filing Menu

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((H22000184422 3))

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: TROYA ADV LLC

2. (a) 7925 NW 12th Street Suite 109 Doral, FL 33126 (b) 7925 NW 12th Street Suite 109 Doral, FL 33126
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

3. 01/28/2020 Date of filing/registration in Florida 4. L20000034889 Document number

5. (a) Wise Tax Group Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1820 N CORPORATE LAKES BLVD SUITE 204
WESTON, FL 33326

(b) LEGALINC CORPORATE SERVICES INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Office Address
5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907

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2022 MAY 25 AM 9:13
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: GUILLERMO VAZQUEZ
Printed or typed name of signee: GUILLERMO VAZQUEZ

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

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