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(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:										
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)									
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COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJ	TRONIX HOLDINGS, LLC	TRONIX HOLDINGS, LLC								
	Name of	f Limited Liability Company								
Dear S	Sir or Madam:									
The er	nclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.								
Please	return all correspondence concerning this ma	atter to the following:								
CRAV	VFORD, STEPHEN M									
	Name of Person									
TRON	IIX HOLDINGS, LLC									
	Firm/Company									
733 N	ORTH DRIVE SUITE F									
	Address									
MELE	OURNE, FL 32934									
	City/State and Zip Code									
stephe	n@zigmundbuilders.com									
Ī	3-mail address: (to be used for future annual r	report notification)								
For fu	rther information concerning this matter, plea	ase call:								
CRAV	VFORD. STEPHEN M	321 458-4210 at ()								
	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 amo	ount:								
	■ \$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.

1. N	Same of the limited liability company: TRONIX HOI	LDINGS.	LI.C					
2. (a)	TPONIX HOLDINGS LLC		(b)	TRONIX	HOLDINGS, LL	.C		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of (Note: MAY BE		-	
	733 NORTH DRIVE SUITE F			733 NOR	TH DRIVE SUIT	EF		
	MELBOURNE, FL 32934	· · · · · · · · · · · · · · · · · · ·	MELBOURNE, FL 32934					
	02/24/2020		1	.20000061	1459			
3.	Date of filing/registration in Florida	4.	_		Document nun	nber		
5. (a	TRONIX HOLDINGS, LLC							
J. (a	Registered Agent and Registered Office shown on the records CRAWFORD, STEPHEN M	s of the Flo	rida I	Pept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET 733 NORTH DRIVE SUITE F	ET ADDRI	ESS)		. IA		202	
(b)	MELBOURNE	FL_32934	1		- -	HAAL LUAK	2023 SEP	T }
	TRONIX HOLDINGS, LLC				IAR) IASSI		P-5	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Register	red Office	addr	<u>ess</u> :		m _C	⊋	
	CRAWFORD, STEPHEN M					CRETARY OF STATE LAHASSEE. FLORIDA	PM 4: 17	
	NEW Registered Office Address:				7 DA			
	120 WESTOVER DRIVE				_			
	WEST MELBOURNE	FL ³²⁹³ -	\$					
chang agent was/v the ar Sign I her provi the oil to me	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized expresentative of a member leby accept the appointment as registered agent and a sions of all statutes relative to the proper and completingations of my position as registered agent as provered reflect a change in the registered office address and in the registered of the address and the registered of the registered of the address and the registered of the register	the regist I liability rs of the l the limite	ered com limited lia CRAV	office an pany, it i ed liabilit bility con VFORD, S	nd the business of shereby confirming ty company or a mpany. STEPHEN M Printed or typed:	office of the med that the southerwise	e regis le chan e prov	tered ge(s) ided in
Signa	ture of Registered Agent							
	Division of Corporations • P.G FILING	O. Box 6. G FEE: S			ssee, FL 32314			