LZ0000062148

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(Ad	dress)				
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SECRETARY OF STATE
TALLAHASSEF, FI

D. BRUCE AUG 15 2020

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	TRIPLE HORSE MANAGEMENT, LLC					
	Name of Limited Liability Company					
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.				
Please retu	arn all correspondence concerning this matter to the	ne following:				
Guiling Li						
	Name of Person					
Triple Hors	se Manaement					
	Firm/Company					
7334 13th	Ave North					
	Address					
St. Petersbi	urg. Florida 33710	ALL&HXSSett Fi				
	City/State and Zip Code					
bryan@wil	coxlawtx.com	ı				
E-ma	ail address: (to be used for future annual report no	tification)				
For further	r information concerning this matter, please call:					
Bryan Wild	281 at (488 5592				
	Name of Person	Area Code & Daytime Telephone Number				
	ailing Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Ta	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Er	nclosed is a check for the following amount:					

☐ \$55 Filing Fee & Certified Copy

2020 JUN 29 AM 10: 43

INHS18 (2/14)

■ \$25 Filing Fee

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.

2. (a)	7334 13th Ave North, St. Petersburg, Florida 33710	(b) ⁷	7334 13th Ave North, St. Pel	13th Ave North, St. Petersburg, Florida 33710 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-				
	February 25, 2020	1.2	0000062148				
3.	Date of filing/registration in Florida	 4	Document numb	oer			
	Guiling Li		Downen name	, 			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ent of State:				
	Guiling Li	n the Francisco	pr. or cruis.				
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)					
	1200 Southeast Federal Highway			SEC SEC	2020		
	Stuart	L		2000年 2000年	型型 29		
(h)	Guiling Li			100	29		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	<u>ss</u> :	100°- 100°- 100°-			
	Guiling Li			F	₩ IO: 1:3		
	NEW Registered Office Address:						
	7334 13th Ave North						
	St. Petersburg	33710					
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State registered of the limite of the limited liab	office and the business of pany, it is hereby confirmed d liability company or as ality company.	fice of the regised that the char	stered nge(s)		
		Guiling					
I herei provisi the obl to mere	wre of a member of authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i I in writing of this change.	e performanc led for in Cha	ve of my duties, and I am j upter 605, F.S. Or, if this	gree to comply familiar with an document is be	nd accept eing filed		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent