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## **COVER LETTER**

SUBJECT: TRANE CAPITAL GIOUP PARTNERS ILC
Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TO:

Dear Sir or Madam:

Registration Section Division of Corporations

RICHARD HALL				
Name of Person				
TRADE CAPITAL GROUP Firm/Company	PARTNEKS 1-L-C			
31 fo collab way # 12	06_			
CORAL GATUES FL 3314.  City/State and Zip Code	<u></u>			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
RICHARD HALL at (	486) £10.0£15 Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
<b>4</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHSI8 (2/14) ALREADY SENT A	35			

## 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.

I. Na	ame of the limited liability company: TRADE CAPITAL GROUP PARTNERS IL	<u>_</u>
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)	
	3210 SE 10TH ST APT 9C	
	POMPANO DEACH, FL 3JOGZ	
	4/21/2020         L2000/108658           Date of filing/registration in Florida         4.         Document number	
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	3210 SE 10 TH ST APT 9C	
	POMPANO DEACH II 33062	
(b)	PICHARD HALL	
	Part of the CNPW Designation of American Man NEW Designation of Office addresses	
	3170 COPAL WAY	
	NEW Registered Office Address:	
	APT 1206	
	CORAL GADLES .FL 33145	
change agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.	
	ture of a member of authorized presentative of a member  Printed or typed name of signee	2
-		•
provisi the obl to mere	by accept the appearment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.	
Signatu	re of Registered Agent	

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