

120000284990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

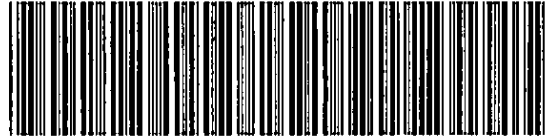
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAY 12 PM 12:07

MAY 23 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Materials 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:

Loreilyn Rowe

Name of Person

Trinity Materials LLC

Firm/Company

PO Box 195455

Address

Winter Springs, FL 32719

City/State and Zip Code

Lorei.amr@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loreilyn Rowe

941

201-8520

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Trinity Materials LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2865 Fayson Circle

Deltona, FL 32738

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

PO Box 195455

Winter Springs, FL 32719

09/11/2020

1.20000284990

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:

Loreilyn Rowe

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2865 Fayson Circle

Deltona, FL 32738

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Loreilyn Rowe

NEW Registered Office Address:

3220 Alling Court

Deltona, FL 32725

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.

Loreilyn Rowe
Signature of a member or authorized representative of a member

Loreilyn Rowe
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.

Loreilyn Rowe
Signature of Registered Agent

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2021 MAY 12 PM 12:07