120000378218

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Lifety Hame)
(Document Number)
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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: December 06, 2022

Christopher Gonzalez

TO:

Florida Division of Corporations

4947

REFERENCE:

AE:

1874979

THE CENTRE OF TALLAHASSEE

2415 N. MONROE STREET, SUITE 810

TALLAHASSEE, FL 32303

FAX:

PLEASE PERFORM THE FOLLOWING:

TRINITY PETRO I, LLC

File Change of Registered Agent

IN: FL

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Christopher Gonzalez TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

COVER LETTER

TO: Registration Section Division of Corporations			
TRINITY PETRO I, LLC SUBJECT:			
Sonate 1.	Name of Limited I	.iability Company	·
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	ed Office Change and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the	following:	
Christopher Gonzalez			دم
Name of Person			72.1
Paracorp Incorporated			FILED 1022 DEC 16 M 8: 2
Firm/Company	1111_1_1		TANS TO
2804 Gateway Oaks Drive #100			SAL BOOK
Address			721 FFE
Sacramento, CA 95833			1
City/State and Zip C	lode lode		
E-mail address: (to be used for futu	re annual report noti	fication)	
For further information concerning this n	natter, please call;		
Christopher Gonzalez	SSS at (272-3725	
Name of Person	\	Area Code & Daytime Telephone N	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 8 Tallahassee, FL 32303	10
Enclosed is a check for the follo	owing amount:		
S25 Filing Fee	<u> </u>	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.

I. N	ame of the limited liability company:TRINITY PETR	O I. LLC	•				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· · ·	Mailing address of limit (Note: MAY BE PO)	ed liability co	mpany:	
	1695 NW 119TH ST		1695 NW	H9TH ST			
	North Miami, FL 33167		North Mia	mi, FL 33167			
	12/10/2020		L20000378	218			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)							
(a)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	f the Flori	la Dept. of Stat	_ e:	(' 	2022	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE!	<u>ES)</u>	<u></u>	TALLAHASSEE. F	2022 DEC 16	
	1200 S PINE ISLAND RD			_	Ŧ.	9	
	North Miami	33167			SS1	AM 8: 21	
(h)	Enter name of NEW Registered Agent and/or NEW Registere Paracorp Incorporated			-		٠ـــــــــــــــــــــــــــــــــــــ	
	NEW Registered Office Address:			_			
	155 Office Plaza Drive, 1st Floor			_			
	Tallahassee, Fi	L 32301					
change agent v was/w the art Signa I here provisi the obtato mer.	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ligge authorized by an affirmative vote of the members of organization or the operating agreement of the three of a member or authorized representative of a member than of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is a Jody Moua, Assistant Secretary, Fara	ws of the register definited Jornal Tornal T	e State of Flored office an ompany, it is nited liability con eph Cappucci in this capeunce of my confirm that a	orida, it is hereby co d the business offices is hereby confirmed by company or as oth apany. Orinted or typed name activ. I further agreeduties, and I am fam if F.S. Or, if this down the limited liability	e of the reg that the cha herwise pro of signee	istered inge(s) vided i	n ——
	re of Registered Agent						