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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

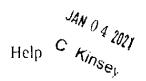
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## LLC REGISTERED AGENT CHANGE TRIDENT ADVISORY LLC

Certificate of Status	0
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## 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.

Florida	Trident Ac	dvisorv	110			
	the of the infined habitity company.					
2. (a)	4290 D'ESTE CT, SUITE 302	(b) 4290 D'ESTE CT, SUITE 302				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  LAKE WORTH, FL 33467		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  LAKE WORTH, FL 33467			
	12/16/20	L20	000392453			
3.	Date of filing/registration in Florida	4	Document number			
	ALEX KOVALYUK	••				
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept.	of State:			
	4290 D'ESTE CT	•				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	SUITE 302		2020 DEC			
	LAKE WORTH FL	33467				
(b)	(b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Enter name of NEW Registered Agent and/of NEW Registered	Convenuentss.				
	7901 4th St N					
	NEW Registered Office Address:		<b>1</b>			
	STE 300		******			
	St. Petersburg, FL	33702				
the cha agent was/w the art Signa I here provis the ob- to mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nature of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have priving of this change.	the registered bility compared the limited lim	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  ark  Printed or typed name of signee			

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent