K21000034911

(Req	uestor's Name))
bbA)	ress)	
bbA)	ress)	
(City)	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
		1
Special Instructions to F	iling Officer:	

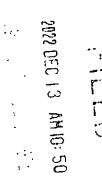
Office Use Only

A. RIVERS
MAR 2 - 2023



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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:

REFERENCE:

Date: December 06, 2022

Florida Division of Corporations

4947

Christopher Gonzalez

1874978

THE CENTRE OF TALLAHASSEE

2415 N. MONROE STREET, SUITE 810

TALLAHASSEE, FL 32303

FAX:

TO:

PLEASE PERFORM THE FOLLOWING:

TRINITY PETRO II, 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

	egistration Section ivision of Corporations		
SUBJEC	TRINITY PETRO II, LLC		
30111110	••	Name of Limited I	iability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered	l Office Change and	d fee(s) are submitted for filing.
Please rett	urn all correspondence concerni	ng this matter to the	following:
Christophe	r Gonzalez		
	Name of Person		_
Paracorp II	ncorporated		
	Firm/Company		_
2804 Gates	way Oaks Drive #100		
	Address		
Sacramente	o, CA 95833		
	City/State and Zip Co	de	
E-ma	ill address: (to be used for future	annual report noti	fication)
For further	r information concerning this ma	itter, please call:	
Christophe	r Gonzalez	888 at (272-3725
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number
Re Di P,	ailing Address: egistration Section evision of Corporations O. Box 6327 ellahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	iclosed is a check for the follow	ving amount:	
ם	\$25 Filling Fee	<u> </u>	55 Filing Fee & Certified Copy
INHS18 (2/	(4)		

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)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	136 Moorings Drive	136 Moorings Drive	
	Lantana, FL 33462	Lantana, FL 33462	_
	02/03/2021	1.21000034911	
3.	Date of filing/registration in Florida	4. Document number	_
5. (a)			
(0.	Registered Agent and Registered Office shown on the records of NRAI SERVICE, INC	of the Florida Dept. of State:	
	Registered Office Address - <u>(MIUST BE FLORIDA STREE</u>) 1200 SOUTH PINE ISLAND ROAD	T.ADDRESS)	
	PLANTATION F	:L. 33324	
(b)			
• ,	Enter name of NEW Registered Agent and/or NEW Registered		
	Paracorp Incorporated	2022 DEC	
	NEW Registered Office Address:	DEC .	_
	155 Office Plaza Drive, 1st Floor	<u> </u>	Γ
	Tallahassee	TL 32301 3 5	i i
change agent was/w	e or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited l	aws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
7	tive means a member or authorized representative of a member	Joseph Cappuccio	_
	the same of the same the same of the same	Printed or typed name of signee	

Jody Moua, Assistant Secretary, Paracorp Incorporated

ure of Registered Agent