Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

Phone

: (307)200-2803

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

•		
Email	Address:	

LLC REGISTERED AGENT CHANGE TRIGO MIDDLE LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ECT: TRIGO MIDDLE LL	_C			
		me of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
		-			
Please	return all correspondence concerning th	nis matter to the following:			
	A.A Atalala				
	Morgan Noble				
	Name of Person			202	
	TRIGO MIDDLE LLC			2021 HAY 14 PM 4:46	t/Z
	Firm/Company		걸친	¥ ==	
			20,~₹ 0,1~₹ 0,000	+ -0	9
790	01 4th St N Ste 300		S. L. L.	<u> </u>	į,
	Address		四至	-:- - <u>:-</u>	
St	Petersburg, FL 33702		11.	٥١	
	City/State and Zip Code				
	•				
	ern@northwestregisteredage				
Е	-mail address: (to be used for future and	nual report notification)			
For fur	ther information concerning this matter	, please call:			
M	lorgan Noble	, 509 \ 768-2249			
	Name of Person	at (509) 700-2249 Area Code & Daytime Telephone ?	Numbe	r	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following	g amount:			
	☑ \$25 Filing Fee	\$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

1. Na	 une of the limited liability company: _	TRIGO	D MIE	DDLE LLC	·
2. (a)	2851 CLIPPER COVE LAN	E, APT 102	(b)	РО ВОХ	450852
(,	Principal office address of limited liab (Note: MUST BE STREET AL	• •	_ \-'.	Mailing ac	ddress of limited liability company: MAY BE POST OFFICE BOX)
	KISSIMMEE, FL 34741			KISSIMI	MEE, FL 34741
	04/28/2021			L21000197	'931
3.	Date of filing/registration in	Florida	4.	Docum	nent number
5. (a)	ROSARIO, ELIEZER				
, ,	Registered Agent and Registered Office shown	n on the records of th	e Florida D	ept, of State:	FIL 2021 HAY 14 SECRETALS TALLARS
	Registered Office Address (MUST BE FL	<u>ORIDA STREET AI</u>	ODRESS)		₹ 1
	2851 CLIPPER COVE LANE,	APT #102			
	KISSIMMEE	, FL	34741		PH L
(b)	Northwest Registered	<u>~</u>		· · · · · · · · · · · · · · · · · · ·	PH 4: 46
	Enter name of NEW Registered Agent and/or	NEW Registered C	Mice addr	ess:	
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	, FL	3702		
the cha	imited liability company is not organizinge or changes are made, the Florida solution to detect the case of a Florida solution.	treet address of the	he registe pility con	ered office and the	e business office of the register

d 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.

Signature of a member, r authorized representative of a member

Morgan Noble / Authorized Representative

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 writ<u>ing</u> of this change.

Tom Glover - Manager Signature of Registered Agent