## Florida Department of State Division of Comorations Electronic Piling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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- '1	Address			
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<u>:</u>:

## LLC REGISTERED AGENT CHANGE TRIO SUPPLY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Help

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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.

1. N	ame of the limited liability company: Trio Su	pply, LLC	·			
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)			
			4.000.007.75			
	06/09/2021		1000267375			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)		· · · · · · · · · · · · · · · · · · ·				
	Registered Agent and Registered Office shown on the records	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	390 NORTH ORANGE AVE., STE 2	2300-N				
	Registered Office Address (MUST BE FLORIDA STREE					
	ORLANDO	<sub>FL</sub> 32801				
(b)	Registered Agents Inc.					
. ,	Enter name of NEW Registered Agent and/or NEW Register	red Office address:				
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300	··				
	St. Petersburg	<sub>FL</sub> 33702				
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	laws of the State s of the registered d liability compa rs of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
	ature of a member or authorized representative of a member	Riley F				
-		-	Printed or typed name of signee			
provis the ob- to me	by accept the appointment as registered agent and sions of all statutes relative to the proper and completigations of my position as registered agent as provedly reflect a change in the registered office address of in writing of this change.	agree to act in the lete performance ided for in Chap s, I hereby confirmation.	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed m that the limited liability company has been			

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent