

L21000276682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

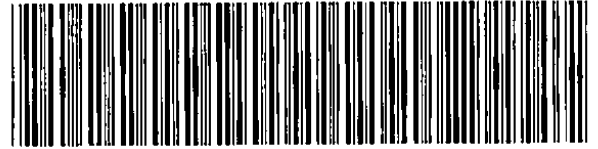
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2023 JAN 26 AM 8:37AM 9 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2023



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **January 26, 2023**

Name: **James Brodbeck**

Reference #: **1884434**

Entity Name: **TRINITY PEO BROKERAGE & CONSULTING, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

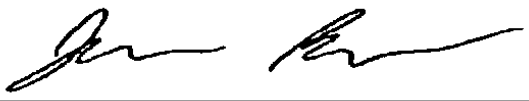
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$25.00**

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40 ST, 10 FL
NY, NY 10016
800.721.0107
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NUMBER
6 BEVIS MARKS, 10TH FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DLS VOLUX RD CENTRAL
HONG KONG
+852.3975.1803

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY PEO BROKERAGE & CONSULTING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Davis

Name of Person

TRINITY PEO BROKERAGE LLC

Firm/Company

8006 W HIAWATHA STREET

Address

Tampa, FL 33615

City/State and Zip Code

donna@trinitybrokerageelp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Davis

Name of Person

at (813)

601-0894

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: TRINITY PEO BROKERAGE & CONSULTING, LLC

2. (a) 8006 W HIAWATHA STREET (b) 8006 W HIAWATHA STREET

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33615

TAMPA, FL 33615

06/14/2021

L21000276682

3. Date of filing/registration in Florida 4. Document number

5. (a) DAVIS, DONNA A
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8006 W HIAWATHA STREET

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33615

(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

/s/ Donna Davis

Donna Davis

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 notified in writing of this change.

/s/ Eric Hood

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00