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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Fax Number : (888)706-7274

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

Email	• 4.4	

LLC REGISTERED AGENT CHANGE TRIDENT GUNITE LLC

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INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Trident Gunite LL	C
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Zachary Ysais	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu	aal report notification)
For further information concerning this matter, j	please call:
Zachary Ysais	888 705-7274
Name of Person	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:
S25 Filing Fee	S55 Filing Fee & Certified Copy

15129570210

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.

Ι.	Na	me of the limited liability company: Trident C	Sunite	LLC				
2.		4481 LEGENDARY DRIVE, STE 10	01	b) PO BO	OX 18134	8		
(u)	Principal office address of limited fiability company:		·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		(Note: MUST BE STREET ADDRESS) DESTIN, FL 32541		FORT	SMITH, A			<i>ა</i>
		7/30/2021		L21000	346019			
3.		Date of filing/registration in Florida	4.		Document num	nber		
5	(a)	HASLEY, GREG R						
	Registered Agent and Registered Office shown on the records 4481 LEGENDARY DRIVE, STI Registered Office Address (MUST BE FLORIDA STREE)	E 101		:: -	÷ (2022 JAN 13 PH 12: 25	لذ	
		DESTIN	_{FL} 325	41		ASSE	13 PI	
	(b)	Registered Agent Solutions, Inc.					:ZH	D
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office :	ddress	-	77	25		
		155 Office Plaza Dr.			_			
	NEW Registered Office Address:	•						
		Suite A						
		Tallahassee	_{FL} 323	01	_			
If (he li	mited liability company is not organized under the	laws of th	e State of Flo	orida, it is hereb	y confirm	ned 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/	Greg Hasley	Greg Hasley	Authorized Person
	The state of the s	Deisead o	r tenad many of cirrer

Signature of a member or authorized representative of a member

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 change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent