

L21000 449615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

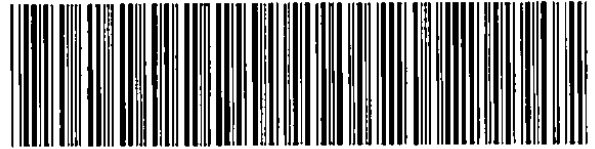
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2023 JAN 26 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 JAN 26 AM 9:54

JAN 27 2023



**COGENCYGLOBAL**

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

Account#: 120000000088

Date: **January 26, 2023**

Name: **James Brodbeck**

Reference #: **1884434**

Entity Name: **TRINITY PEO BROKERAGE LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

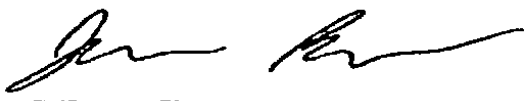
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$25.00**

Signature: 

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40<sup>TH</sup> ST., 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0107  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY NO 02072  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRINITY PEO BROKERAGE 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 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

3. 10/14/2021 4. L21000449615  
Date of filing/registration in Florida 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 (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 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 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