LZ1 (000) 529 729

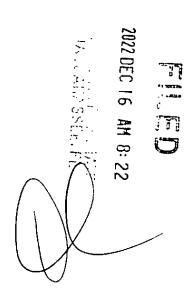
| (Requestor's Name) | | | | | | |
|----------------------------|----------------|-------------|--|--|--|--|
| (Addr | ess) | | | | | |
| (Addr | ess) | | | | | |
| (City/ | State/Zip/Phon | ne #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificate | s of Status | | | | |
| Special Instructions to Fi | ling Officer: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



900399108329

12/12/20-12/20-12/20-20/20





2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: December 06, 2022

Florida Division of Corporations

4947

REFERENCE:

AE:

1874980

Christopher Gonzalez

THE CENTRE OF TALLAHASSEE

2415 N. MONROE STREET, SUITE 810

TALLAHASSEE, FL 32303

FAX:

TO:

PLEASE PERFORM THE FOLLOWING:

TRINITY PETRO LLC

File Change of Registered Agent

IN: FL

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Christopher Gonzalez TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|----------------------|
| TRINITY PETRO LLC SUBJECT: | | | |
| | Name of Limited I | _iability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered | Office Change and | I fee(s) are submitted for filing. | |
| Please return all correspondence concerning | ng this matter to the | following: | |
| Christopher Gonzalez | | | |
| Name of Person | | | |
| Paracorp Incorporated | | | 2022 DEC 16 AM 8: 22 |
| Firm/Company | ······································ | _ | EC 16 |
| 2804 Gateway Oaks Drive #100 | | | PALLAHIASSEE FL |
| Address | | | 6. EE. |
| Sacramento, CA 95833 | | | 22 FILE |
| City/State and Zip Co- | de | | |
| E-mail address: (to be used for future | annual report noti | fication) | |
| For further information concerning this ma | tter, please call: | | |
| Christopher Gonzalez | 888 at (| 272-3725 | |
| Name of Person | · · | Area Code & Daytime Telephone Nui | mber |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 | |
| Enclosed is a check for the follow | ring amount: | | |
| ■ \$25 Filing Fee | C) S | 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. Na | nme of the limited liability company: TRINITY PET | RO LLC | | | | | |
|---|--|--|--|---|----------------------------|---|-----------------|
| 2. (a) | | (1 | <i>)</i> | | | | |
| (6) | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | (, | | Mailing address of limite (Note: MAY BE POS | d liability co | mpany: | |
| | 1695 NW 119TH ST | | 1695 NW | HI9TH ST | | | |
| | NORTH MIAMI, FL 33167 | | NORTH N | 41AMI, FL 33167 | | | |
| | 12/16/2021 | | 1.210005291 | 729 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | | | | | | | |
| (117 | Registered Agent and Registered Office shown on the records MARTORANO, JOCELYNE | of the Florida | Dept. of State | - e: | | | |
| | Registered Office Address | TADDRESS | 2 | . | | | |
| | NORTH MIAMI | FL_33167 | | <u>-</u> | اند . د منظ | 2022 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | _ | ALLAHASSEE. | 2022 DEC 16 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office ad | dress: | | ≥3 | | |
| | Paracorp Incorporated | | | _ | SEC | AM 8: 22 | O |
| | NEW Registered Office Address: | | | | | 22 | |
| | 155 Office Plaza Drive, 1st Floor | | | - | F-1 | | |
| | Tallahassee, I | FL_32301 | | | | | |
| change agent v was/wo | imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of the organization or the operating agreement of the | aws of the he registere liability co s of the lim he limited l | ed office and impany, it is ited liability iability com | d the business office s hereby confirmed the y company or as othe apany. | of the regi hat the cha | siered nge(s) | |
| ् | The or h member or authorized representative of a member | | ph Cappucci | Printed or typed name o | of signee | | |
| I herel provisi the obli to mere | by accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as provided to the change in the registered office address, and this change. | gree to act le performa led for in C I hereby ca | in this capa ince of my a hapter 605, infirm that t | acity. I further agree | to comply | with the nd acce ring file is been | ie Ppt Vä |
| Signatu | Jody Moua, Assistant Secretary, Par Tol Registered Agoni | racorp [| ncorporat | ed | | | |