

L2206C257281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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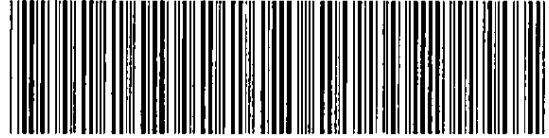
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/2023 01:01:00 44.00.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amendment to Registered Agent
Name of Corporation _____

DOCUMENT NUMBER: Don't know _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Zaferos / *Registered Agent*
Name of Contact Person _____

Trelos LLC

Firm/Company _____

1320 Hales Hollow Drive

Address _____

Dunedin, FL 34698

City/State and Zip Code _____

billzaferos58@gmail.com

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

For further information concerning this matter, please call:

William Zaferos / *[Signature]* at (414) 737-9103
Name of Contact Person _____ Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRELOS LLC
2. The principal office address: 1320 HALES HOLLOW DR
DUNEDIN, FL 34698
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/2/22 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Resigned (Legal Zoom)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM ZAFEROS
1320 HALES HOLLOW DR
DUNEDIN, FL 34698

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

William Zaferos PRES + CEO
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/5/23
Date

If signing on behalf of an entity:

William D Zaferos
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)