## 12300019148

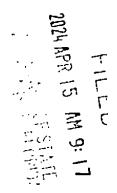
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
J. HORNE APR 3 0 2024			
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TO: Registration Section Division of Corporations	
Trenchstars apparel LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
CHAD SAKONCHICK	
Name of Person	<del></del>
BETTERLEGAL INC	
Firm/Company	<del></del> _
5473 Blair Rd., Suite 100, PMB 35833	
Address	
Dallas, TX 75231	
City/State and Zip Code	<del></del>
filings@betterlegal.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
CHAD SAKONCHICK +1 at (	512-969-2339
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

LDC5522A05A0AAA.006162.02.02.000000

INHS18 (2/14)

■ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor

	Trenchstars appa	rel LLC 		
	e of the limited liability company:	(h	11291 HARTS RD 804	
(Note: MUST BE STREET	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  JACKSONVILLE	
-	JACKSONVILLE FL 32218		FL 32218	
-	02/13/2023		L23000079148  Document number	
	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK, INC.	4.	Document number	
5. (a) .	Registered Agent and Registered Office shown on the records		da Dept. of State:	
	Registered Office Address  NORTH PALM BEACH			
		, FL	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	
	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Office	address:	
	7901 4th St. N	<u></u>		
	NEW Registered Office Address: STE 300			
	St. Petersburg	3370 . FL	2	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 chang was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provice the articles of organization or the operating agreement of the limited liability company.

Chester Williams Chester Williams

Signature of a member or authorized representative of a member

Printed or typed name of signce

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.

Bill Havre, Authorized Representative
Signature of Registered Agent