lo**n**ida **D**epart<u>pae</u>nt <u>of S</u> hic Giling Cover She Note: Please print4his page and used ase cover sheet. Type the f (shown below) on the top and bottom of all pages of the document

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for $\overrightarrow{\mathrm{fut}}\mathrm{tur}$ annual report mailings. Enter only one email address please.

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. No	one of the limited liability company: Triple inv	vestments	s group IIc
2. (a)	7901 4th St N	(h) 790	1 4th St N
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300	STE	300
	St. Petersburg, FL 33702	St. P	etersburg, FL 33702
	06/08/23	L23	000277877
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KALIL, JOSE		
,	Registered Agent and Registered Office shown on the records of	t the Florida Dept. of	: State:
	3165 NE 184th st		
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	6204		
	aventuraF	_L 33160	2024 : Seci Tai
(ե)	Registered Agents Inc		2024 SEP 30 SECKLARA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	δ. · · · · · · · · · · · · · · · · · · ·
	7901 4th St N		
	NEW Registered Office Address:		TA =
	STE 300		-
	St. Petersburg	L33702	_
the cha agent v was/we the arti	imited liability company is not organized under the lauge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company of the limited lia e limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	ture of a member or authorized representative of a member	Robin Jo	Printed or typed name of signer
Lhere.	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. I	ree to act in this e performance of cd for in Chapter Thereby confirm	capacity. I further garee to comply with the

Signature of Registered Agent

natified in writing of this change. Da

David Roberts - Assistant Secretary