

L24000352200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

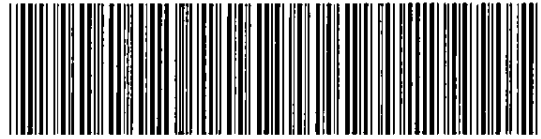
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

614-709-



100437401401

2011 25 11 7:56

g 12/29/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUST RIDE 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:

BEATRICE GUIRAND

Name of Person

TRUST RIDE LLC

Firm/Company

6900 S ORANGE BLOSSOM TRL, SUITE 406

Address

ORLANDO, FL 32809

City/State and Zip Code

trustride1llc@gmail.com

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

For further information concerning this matter, please call:

Beatrice Guirand

407

637-9588

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

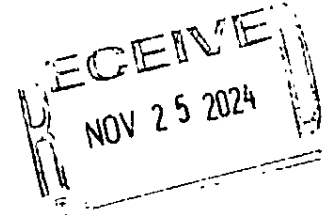
Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations



October 22, 2024

BEATRICE GUIRAND
4760 WALDEN CIRCLE 528
ORLANDO, FL 32811

SUBJECT: TRUST RIDE LLC
Ref. Number: L24000352200

We have received your document for TRUST RIDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 224A00023327

**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: <u>TRUST RIDE LLC</u>	
2. (a) <u>6900 S ORANGE BLOSSOM TRL, SUITE 406, ORLANDO</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>4760 WALDEN CIR, 528, ORLANDO FL, 32811</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>08/06/2024</u>	<u>L24000352200</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>8/6/2024</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>BEATRICE GUIRAND</u> Registered Office Address <u><i>(MUST BE FLORIDA STREET ADDRESS)</i></u> <u>4760 WALDEN CIR, 528, ORLANDO</u> <u>FL 32811</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>BEATRICE GUIRAND</u> <u>NEW Registered Office Address:</u> <u>6900 S ORANGE BLOSSOM TRL, SUITE 406</u> <u>ORLANDO FL 32809</u>	

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.

<u>Beatrice Guirand</u> Signature of a member or authorized representative of a member	<u>BEATRICE GUIRAND</u> 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.

Beatrice Guirand
Signature of Registered Agent