

# M0800000221

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H100002506503ABCT

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 11/18/10

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC REGISTERED AGENT CHANGE TRINITY-FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

NOV 22 2010

EXAMINER



November 19, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TRINITY-FLORIDA, LLC  
33 SOUTH GAY STREET, SUITE 200  
BALTIMORE, MD 21202

SUBJECT: TRINITY-FLORIDA, LLC  
REF: M08000000221

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H10000250650  
Letter Number: 410A00027198

RECEIVED  
10 NOV 19 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trinity-Florida, 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:

Patty Howard

Name of Person

Chesapeake Community Advisors, Inc.

Firm/Company

33 South Gay Street, Suite 200

Address

Baltimore, Maryland 21202

City/State and Zip Code

phoward@ccadev.com

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

For further information concerning this matter, please call:

Patty Howard

Name of Person

at ( 410 )

685-6005

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$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 608.416 or 608.508, 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: Trinity-Florida, LLC

2. (a) Principal office address of limited liability company: 33 South Gay Street, Suite 200

(Note: MUST BE STREET ADDRESS)

Baltimore, MD 21202

(b) Mailing address of limited liability company: 33 South Gay Street, Suite 200

(Note: MAY BE POST OFFICE BOX)

Baltimore, MD 21202

1/11/2008

M08000000221

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Elena M Dominguez

Registered Office Address:

1172 S. Dixie Hwy, Suite 510

Coral Gables, FL 33146

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

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.

Signature of a member or authorized representative of a member

Ben Etheridge

Printed or typed name of signer

*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 608, F.S. Or, if this document is submitted 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.*

By: Chris McNeely  
Signature of Registered Agent

**Assistant Secretary**

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

**FILING FEE: \$25.00**

INHS18 (05/08)