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(Requestor's Name)
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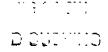


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Rachange



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: 120000000	195		
	REFERENCE	: 952903	8279525		
	AUTHORIZATION	Lorello Ble	man		
	COST LIMIT	: \$ 25.00			_
ORDER DATE :	August 11, 2021				
ORDER TIME :	9:40 AM				
ORDER NO. :	952903-148				
CUSTOMER NO:	8279525			2021 AUG 65 3 7 5 15 1	e1 (T)
	CHANGE OF A	<u>GENT</u>		HARASSALLEL	
NAME :	TRIDENT MERGE	R, LLC		:13	
	THE FOLLOWING AS	PROOF OF FILE	ING:		
XX CERTI	FIED COPY STAMPED COPY				
CONTACT PERSON	N. Alevvis Weila	nd			

EXAMINER'S INITIALS:

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.

St FI 11
ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
NY 10055
008
Ocument number
2021 A
2021 AUG 13
13 PK 12: 13 ARY OF STATE ELASSIES, FILE
da, it is hereby confirmed that after the he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any, ed Person rinted or typed name of signce ty. I further agree to comply with the ies, and I am familiar with and accept is. Or, if this document is being filed limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00