M12000001820

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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01/30/15--01019--003 **25.00

15 JAN 30 PM 3: 57

FEB 02 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: January 28, 2015

Order#: 479121-003

Re: TRIOPCO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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. Na	ame of the limited liability company:TRIOPCO, L	LC	
2. (a)	1109 Shadow Ridge Drive	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sebring, FL 33872		
	03/30/2012	M	12000001820
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Jerry Stone		
	Registered Agent and Registered Office shown on the records	of the Florida Dep	ot. of State:
	1109 Shadow Ridge Drive		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
		<u> </u>	
	Sebring , I	FL <u>33872</u>	75 A
			£ [5]
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	
			P GC
	1201 Hays Street		
	NEW Registered Office Address:		PH 3: 57
			7
		-	
	Tallahassee , F	L_32301	
he char igent w was/wei he ártic	mited liability company is not organized under the large or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members eles of organization or the operating agreement of the law hum	of the registere liability compa s of the limited ne limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signati	ne of a member or authorized representative of a member		Printed or typed name of signee
provisio he obliz o merej	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, in in writing of this change.	gree to act in the performance led for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
<u> </u>	400	mr. ~ · ·	
Signature	of registered Agent Corporation Service Company	BY: Sylvi	a Queppet, Asst. Vice President
	Division of Corporations P.O.	Roy 6327a T	allahassaa El 22214

FILING FEE: \$25.00