06/18/18 08:03AM PDT 06176380 Pg 1/3 6/18/2018

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000181150 3)))



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To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 fax Number : (888)706-7274 Phone

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 TRIMARK RAYGAL, LLC

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06/18/18 08:03AM PDT Registered Agent Solutions, inc. -> Florida SOS 06176380 Pg 2/3

TO: Registration Section

Division of Corporations

SUBJECT: TRIMARK RAYGAL, LLC

Name of Limited Linbility Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

The enciosed registered regenoreegistered office cha	ilee maa ree(s) in a stagnification from the stage.
Please return all correspondence concerning this matter	er to the follow	wing:
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd, Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code		
notices@rasi.com		
E-mail address: (to be used for future annual rep	ort notificatio	n)
For further information concerning this matter, please	call:	
Mary Castillo	388 7	705-7274
Name of Person	An	a Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
Enclosed is a check for the following amoun	ıt:	
☑ \$25 Filing Fee	🗆 \$55 Piji	ing Fee & Certified Copy

INHS18 (2/14)

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

l. Na	ame of the limited li	ability company:	TRIMARK	RAY	GAL, LL	.C					
(-)	Principal office	Principal office address of limited liability company.				(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		(Note: MUST SE STREET ADDRESS) 210 Commerce			210 Commerce						
			02602						20000		
	Irvince,	CA	92602		Irvince	1	CA		2602		
	04/28/2016				M1600	0003501					
3.	Date of fi	ling/registration in	n Florida	4.		Document r	umber	•			
5. (a)											
, (<u>a</u>)	Registered Agent and	Registered Office sho	wn on the records of	the Flori	in Dept. of Stat	 tc;					
	C T CORPO	DRATION S	YSTEM				7.	2010			
	Registered Office Add	iress OMUST BE F	TORIDA STREET	4DDRES	<u>'S)</u>	-	<u></u>				
	1200 SOUTH P PLANTATION.		CAO				LAHASSELJ	JUN 18 A			
(p)	Enter name of NEW I	Registered Agent and	Vor NEW Registered	Office a	ddress:	_	FLORIDA	AK 10: 53	Ċ		
	Registered Ag	ent Solutions, i	inc.								
	NEW Registered Offi	ce Address:				•••					
	155 Office Pla	za Dr., Suite A				<u></u>					
	Tallahassee		E7	3230	 1						
ne cha agent v was/w he art	imited liability com ange or changes are will be identical. Of the authorized by an icles of organization	made, the Florida r, in the case of a r affirmative vote	ized under the lava street address of Florida limited lin of the members of agreement of the	vs of the the regability of the linited	e State of Flastered office company, it is mited liability corrections.	e and the bus is hereby con ty company o mpany.	iness office	of the	registered		
	farald Hyman ture of a member or mut	horizer representative	of a member	Je	raid Hym		- ^ -	lanaç	jer		
i here provisi he obl	by accept the appoi ions of all statites r igations of my posi- ely reflect a change in writing of this o	ntment as register elative to the proj tion as registered in the registered	red agent and agr per and complete agent as provide office address, I i	ee to ac perform I for in hereby o	ct in this cap nance of my Chapter 60; confirm that		ed name of signer agree to am familiar this docume ability comp		y with the and accept cing filed as been		
ignetu	re of Registered Agent	Assistant Seci									
	//	Division of Corp	orationse P.O. B	tor 632	7♠ Telleber	home EY 1171	1.4				

FILING FEE: \$25.00