(F	Requestor's Name)	
(<i>f</i>	Address)	
(,	Address)	
(0	Dity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
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Special Instructions to F	iling Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 297698 8038630 AUTHORIZATION : COST LIMIT : ORDER DATE: December 29, 2022 ORDER TIME : 9:40 AM ORDER NO. : 297698-005 CUSTOMER NO: 8038630 CHANGE OF AGENT NAME: TRINITY WEALTH SECURITIES, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

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.

2. (a)	ame of the limited liability company: TRINITY WEA	ı	b)			
2. (a)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	401 S 12th Street Unit 2	401 S 12th		h Street Unit 2		
	TAMPA, FL 33602		TAMPA, F	FL 33602		
	09/09/2019		M1900000	08956		
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 AEGIS LAW Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100 S. ASHLEY SUITE:620		- e: -			
		33602		- - ::	2023	
(b)				•••	JAN -	1.00
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	ddress:	-	င်္	#ffren]
	Corporation Service Company				AH 9:	
	NEW Registered Office Address:			ى تى تىخى: چىنىنى	5	
	1201 Hays Street			-	-, -	
	Tallahassee	32301				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne register liability c of the lir	ed office and ompany, it is nited liability	d the business office s hereby confirmed the y company or as othe	of the reg at the ch	gistered ange(s)
				tower, Authorized Person		
Signa	Signature of a member or authorized representative of a member			Printed or typed name o	f 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.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President