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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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## LLC REGISTERED AGENT CHANGE TRI-STAR CONSTRUCTION GROUP, LLC

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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.

լայ		(	(b)						
<b>\-</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)				
	307 Cranes Roost Blvd				s Roost Blvd				
	Altamonte Springs, Fl. 32701			Altamonte Springs, FL 32701					
	7/28/2023		$\mathcal{N}$	123000009	9819				
	Date of filing/registration in Florida	- 4.			Document	number		-	
(a)	Harold Adkins								
. (,	Registered Agent and Registered Office shown on the records of	the Floric	ia D	ept, of Sta	te:				
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRES	<u>'S)</u>		-		~.		
	307 Cranes Roost Blvd.				_	E E	<b>1025</b>		
	Altamonte Springs	32701			_	FIL <b>1025 FEB -3</b> SECRETARO FALLARASS			
(b)	C T Corporation System					- 25元 - 17元	•	FILEI	
	Enter name of NEW Registered Agent and/or NEW Registered Office			e address:		AM 8: 52 F STATE FLORIDA			
	NEW Registered Office Address:	-			_	, _			
	1200 South Pine Island Road				_				
	Plantation . FL	33324	_		_				
chai ent w is/we artic	mited liability company is not organized under the lavinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liar te authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	the reg ability c of the lit	iste com nite	red offic pany, it i ed liabilit	e and the bu is hereby co ty company	isiness of infirmed	ffice of that the	f the register c change(s)	
signe Scott	Clutter	Sco	ott S	Shelton					
_	amender or authorized representative of a member				Printed or ty				
wish	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h	nertorn	11/11/1	ce of my	duties and	I am Iam	uliar w	un ana acc	

Signature of Registered Agent