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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

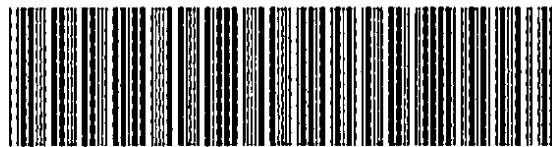
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 12 AM 11:31

August 25, 2021

ATTN: LAURA FOLEY  
8787 PLATA LANE SUITE 7  
ATASCADERO, CA 93422

SUBJECT: TRI-X, INC.  
Ref. Number: P05000150960

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 121A00020474



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2021 JUL 12 PM 1:39

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

Copy

June 14, 2021

ATTN: LAURA FOLEY  
8787 PLATA LANE SUITE 7  
ATASCADERO, CA 93422

SUBJECT: TRI-X, INC.  
Ref. Number: P05000150960

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SASHA B PENNYWELL  
Regulatory Specialist II

Letter Number: 421A00013187

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRI-X, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P05000150960

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Lynn Foley

Name of Contact Person

TRI-X, INC.

Firm/Company

7950 BELLA VISTA ROAD

Address

ATASCADERO CA 93422

City/State and Zip Code

FOLEYLAURA337@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA FOLEY

Name of Contact Person

at (813) 431-1797

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRI-X, INC.
2. The principal office address: 7950 BELLA VISTA RD. ATASCADERO CA 93422
3. The mailing address (if different): 8787 PLATA LANE - STE 7 ATASCADERO CA 93422
4. Date of incorporation/qualification: 11/14/2005 Document number: P05000150960
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FOLEY, LAURA LYNN

8429 DAMEN LANE

ATASCADERO, FL 93422

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARK DICKENS - CPA

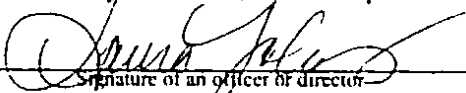
7320 EAST FLETCHER AVE

P.O. Box NOT acceptable

TAMPA FL 33637

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

LAURA FOLEY, PRESIDENT

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10-13-21

Date

If signing on behalf of an entity:

MARK DICKENS  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 18 AM 11:56

FILED