

PO9000080663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

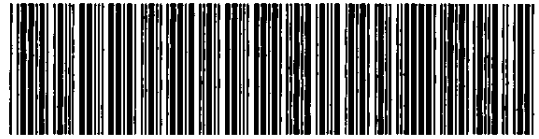
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800172001998

Ac 3/18/10
E. DENNARD

PO9000080663

Trinity Recovery , Inc.
2401 Hancock Bridge Parkway #7
Cape Coral, Florida 33990
Phone (239) 321-1222
Fax (239) 731-7717
trinityrec1@aol.com

To Whom It May Concern,

I would like to change our principal and mailing address
from 7906 Interstate court
No. Fort Myers Fl. 33917

To: 2401 Hancock Bridge Parkway # 7
Cape Coral Fl. 33990

Also please be advised that our fein # is 27-1015880


Victoria J. Strickland President

RECEIVED

2010 MAR 16 AM 8:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA