P1000000015325

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Trilliam Inc.				
Name of Corporation				
DOCUMENT NUMBER: P10000065325				
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:				
Amanda Davis				
Name of Contact Person				
Trilliam Inc. Firm/Company				
FithCom	pany			
2000 C. K Dh. J #400				
3820 Gulf Blvd #408 Address				
Saint Pete Beach, FL 33706				
City/State and Zip Code				
amandatd@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amanda Davis	at (727) 388-1548			
Name of Contact Person	at (727) 388-1548 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of ci	e provisions of sections 607.0502, 617.0502, hange is submitted for a corporation organize der to change its registered office or registere	ed under the laws of the Stat	_{e of} Florida
	of the corporation: Trilliam Inc.	u agent, or both, in the State	e by Prorsau.
2. The principa	al office address: 3820 Gulf Blvd #408 S	Saint Pete Beach, FL 3	3706
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 08/09/2010	Document number:	P10000065325
	nd street address of the current registered age partment of State: (If resigned, enter resigned) Amanda Davis		le with the
	3820 Gulf Blvd #601		
	Saint Pete Beach, FL 33706	 	— SEGRE
6. The name at (if changed)	nd street address of the new registered agent ():	(if changed) and /or registere	16 PR
	Amanda Davis		AH 10: 55
	3820 Gulf Blvd #408 P.O. Box NOT a		0: 5
	Saint Pete Beach, FL 33706	схорямияе	9 &
The street add as changed wi	lress of its registered office and the street ad ill be identical.	ldress of the business office	e of its registered agent,
Such change vauthorized by	was authorized by resolution duly adopted the board, or the corporation has been notif	y its board of directors or hied in writing of the change	by an officer so
W Ul	dure of an officer or director	William Anderso	on President
i juriner agree of my duties, a document is b	of the appointment as registered agent and e to comply with the provisions of all statute and I am familiar with and accept the oblige eing filed merely to reflect a change in the i as been notified in writing of this change.	agree to act in this capacity es relative to the proper and ation of my position as regi registered office address, I	y d complete performance stered agent. Or, if this hereby confirm that the
	Munda L. Davy	05/10/20	010
	pehalf of an entity:	Late	
	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 (8/05)