

P11 000 105 971

(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



600426922896

04/02/24--01037--002 \*\*35.00

LED  
APR 2 2024 AM 5:38  
STATE OF FLORIDA  
TALLAHASSEE, FL

04/02/24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRIFORCE ENTERPRISES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000105971

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:

JONATHAN M JASIN

Name of Contact Person

Firm/Company

6944 ESCOBAR COURT

Address

BOCA RATON, FL 33433

City/State and Zip Code

JONJASIN@YAHOO.COM

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

(Jon.Jasin@yahoo.com)

For further information concerning this matter, please call:

JONATHAN M JASIN

Name of Contact Person

at ( 954 ) 651-4484

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

2011-02-27 AM 5:38  
DEPT OF STATE  
TALLHASSEE, FL  
30

**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: TRIFORCE ENTERPRISES, INC.
2. The principal office address: 6944 ESCOBAR COURT, BOCA RATON, FL 33433
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12 / 14 / 2011 Document number: P11000105971
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)

JASIN, JONATHAN M

11293 NW 69TH PLACE

PARKLAND, FL 33076

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

JASIN, JONATHAN M

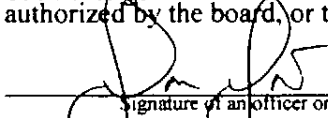
6944 ESCOBAR COURT

P.O. Box NOT acceptable

BOCA RATON, FL 33433

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

JONATHAN JASIN, 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

03 / 22 / 2024

Date

If signing on behalf of an entity:

JONATHAN JASIN

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)