P16000093524

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

2018 FEB 14 HR RD 26

TO: Amendment Section Division of Corporations

SUBJECT: Trish Sam Inc.

Name of Corporation

DOCUMENT NUMBER: P16000093524

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:

Howard Leyy
Name of Contact Person

B. D. O.

Firm/Company

1601 Forum Place 9th floor

Address

W. Palm Beach FL 33401

City/State and Zip Code

hley @bdo. Com

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

For further information concerning this matter, please call:

Name of Contact Person at (56) 207-2818

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 American |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Trish Man Inc. |
| 2. The principal office address: 723 Truman Ave. |
| Tallahassee, FL 32314 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 11-23-16 Document number: P1600009352 |
| 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) |
| Louis Cohen |
| 505 S. Flagler Dr. # 900 |
| W. Palm Beach, FL 33401 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Howard Levy |
| 1601 Forum Place 9th floor |
| W. Palm Beach, FL 33401 |
| 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 de lector Dept. T. 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. |
| 2-12-18 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| typed or Printed Name |

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