P17000051430

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



300342762843

04/03/20--01022:-004 ++35.00

2020 £PR -9 PM 4: 00

ch z

APR 22 TOTAL ALBRITTON

÷
e/Agent and fee are submitted for filing.
er to the following:

rt notification)
call:
at (818)828-3530
Area Code & Daytime Telephone Number
tment of State.
Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of 2. The principal	the corporation: Stern Brands Inc. dba Trinetics Group I office address: 3153 Skyway Circle, Melbourne, Fl. 32934
	address (if different):
	poration/qualification: 06/17 Document number: P17000051430
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Eric Stern
	Melbourne, Fl. 32934
'	Melbourne, Fl. 32934
6. The name an (if changed):	A street address of the new registered agent (if changed) and /or registered office 3153 SKYWAY CIRCLE MRBOULNE, FL. 32934
	P.O. Box NOT acceptable
The street addr	ress of its registered office and the street address of the business office of its registered agent. I be identical.
ERSE	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Eric Stern, President Printed or typed name and title
I furthér agree of my duties, a document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ting filed merely to reflect a change in the registered office address, I hereby confirm that the tasks been notified in writing of this change.
SIGH	gnature of Registered Agent Date
If signing on b	ehalf of an entity:
Stern Brands, In	
	Typed or Printed Name
N CR2E045 (04/13)	* * * FILING FEE: \$35.00 * * * Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314