

P1800003789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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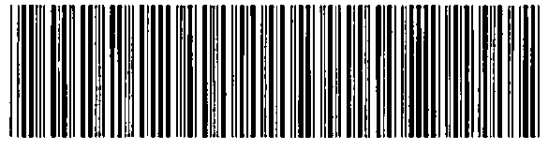
(Business Entity Name)

(Document Number)

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R. HUNT

08/24/21

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tristar Products, Inc  
Name of Corporation

DOCUMENT NUMBER: P18000037189

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:

Stephen R. Robinson

Name of Contact Person

Tristar Products, Inc.

Firm/Company

505 Maitland Avenue, Suite 1170

Address

Altamonte Springs

City/State and Zip Code

stephen@trendmakersinc.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Michael Moorhead

Name of Contact Person

at (407)

425-0234

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

**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: Tristar Products, Inc.  
2. The principal office address: 505 Maitland Ave., Suite 1170, Altamonte Springs, Florida 32701

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/23/2013 Document number: P18000037189

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)

HAND ARENDALL HARRISON SALE LLC

111 N COUNTY HWY 393 SUITE 203

SANTA ROSA BEACH, FL 32459

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

Wright, Fulford, Moorhead & Brown, P.A.

505 Maitland Ave., Suite 1000

P.O. Box NOT acceptable

Altamonte Springs, Florida

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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.

Stephen R. Robinson

Signature of an officer or director

Stephen R. Robinson, General Counsel

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]  
Signature of Registered Agent

07/25/24

Date

If signing on behalf of an entity:

D. Franklin Wright

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)