## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

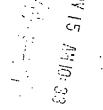
: (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:		

## REGISTERED AGENT CHANGE TRB FINANCIAL INC.

-	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or $\underline{6}$ 17.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\underline{}$ to change its registered office or registered agent, or both, in the State of $F$		his 
I. The name of t	he corporation: TRB Financial Inc.		
	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/19/2019 Document number: P19000	089570	<u> </u>
5. The name and Florida Depar	I street address of the current registered agent and registered office on file wi tment of State: (If resigned, enter resigned)	th the	
	LEGALINC CORPORATE SERVICES INC.	_	
	5237 SUMMERLIN COMMONS SUITE 400	<u> </u>	20
	FORT MYERS, FL 33907		2021 NOV 15
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):			
	Registered Agents Inc.	_	#11 (D: 3)
	7901 4th St N STE 300		လ သ
	P.O. Box NOT acceptable	-	
	St. Petersburg FL 33702	<b>M</b>	
The street addr	ess of its registered office and the street address of the business office of it be identical.	is registe	red agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer s	<b>30</b>
m	chael Parker Michael Parker, Director Printed or typed name and to	or	
I hereby accept I further agree of my duties, as 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 coind I am familiar with and accept the obligation of my position as registereing filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	nplete pe d agent. by confit	erformance Or, if this rm that the
Bee Home	11/15/21		
Si	gnature of Registered Agent Date		
If signing on b	ehalf of an entity:		
Bill Havre			
•	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)