Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000207370 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

\_From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:\_\_\_

REGISTERED AGENT CHANGE TRI VENTURE HOMES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER JUN 16 2022

→ 18506176380

## **COVER LETTER**

TO: Amendment Section Division of Corporations

15129570210

UBJECT: TRI VENTURE HOMES INC.
ame of Corporation
OCUMENT NUMBER: P2200000173
he enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Joshua Murphy
ame of Contact Person
legistered Agent Solutions, Inc.
rm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
ddress
austin, Texas 78735
ity/State and Zip Code
-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Joshua Murphy  Name of Contact Person  at (888 ) 705-7274  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 cha	provisions of sections 607.0502, 6 inge is submitted for a corporation	n organized u	nder the la	ws of the State o	f Florida	
	r to change its registered office or			th, in the State of	f Florida.	
1. The name of t	the corporation: TRI VENTUR	OD DP	MADIN	IC DIVED I	NV 11702	-
2. The principal	office address: 149 DOGWC	JOD DK	VVADIIV	IG KIVEK, I	VI 11/32	-
_	ddress (if different):					_
4. Date of incorp	poration/qualification: 1/3/2022	2	Document	number: P220	00000173	_
	I street address of the current registement of State: (If resigned, enter	_	nd register	ed office on file	with the	
	BLUMBERGEXCELSIOR	CORPORA	ATE SER	RVICES, INC.		
	155 OFFICE PLAZA DR		1ST	FL	_	
	TALLAHASSEE		FL	32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.						
	155 Office Plaza Dr.		Suite A		ASSEE	
	Tallahassee	P.O. Box NOT a	3230	1	9: 49	
	ess of its registered office and the be identical. as authorized by resolution duly a ne board, or the corporation has b					
	y Bernstein	Trac	ey Bern	stein	Authorized Per	rson
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of td I am familiar wilh and accept ng filed merely to reflect a chang s been notified in writing of this c	all statutes re the obligation ze in the regi.	e to act in	this capacity.		re is e
Hoden	<u> </u>	06	/14/202	2		
•	half of an entity:			Date		
• •	Assistant Secretary					
	yped 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)