P99000083109

(Re	equestor's Name)	
(Ad	idr e ss)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400043275794

12/15/04--01017--011 **35.00

OLAMASSEE ESTATE

3/5/8/

COVER LETTER

Division of Corporations			
SUBJECT: Trinity 3, Inc. (Name of corporation)			
DOCUMENT NUMBER: P99000083709			
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:			
2 touto tourn an observe pointment of the control o			
Sue Audette			
(Name of contact person)			
Trinity 3, Inc. (Firm/Company)			
(in sompany)			
1672 Sharpton Trail			
(Address)			
Lawrenceville, GA 30045			
(City/state and zip code)			
For further information concerning this matter, please call:			
Sue Audette at (770) 682-7959 (Name of contact person) (Area code & daytime telephone number)			
(Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399			

CR2E045(6/04)

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, statement of change is submitted for a corporation organized under the laws of the State of Floridain order to change its registered office or registered agent, or both, in the State of Florida.	, this
1. The name of the corporation: Trinity 3, Inc.	
2. The principal office address: 1672 Sharpton Trail, Lawrenceville, GA 30045	
3. The mailing address (if different):	
4. Date of incorporation/qualification:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Michelle Cefloia (spelled incorrectly) Cefolia	
2549 SE Trail Avenue	
Port St Lucie, FL 34952	72 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	CRETARY
Hoseph Hudette. 15100 Jamaica Drive. (P.O. Box NOT acceptable) Palm Beach Gardens, F-L 33410	AM 10: 47 OF STATE E. FLORIDA
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	tered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change. Signature or an officer of director) (Frinted 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 of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in writing of this change. (Signature of Registered Agent)	performance it. Or, if this firm that the
If signing on behalf of an entity:	

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