I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN SOARES

Electronic Signature of Signing Authorized Person(s) Detail

Address	1017 S HIAWASSEE RD UNIT #3727
City-State-Zip:	ORLANDO FL 32835
Title	MANAGER
Name	GAMA, LETÍCIA MESQUITA S
Address	2922 BUCCANEER PALM RD
City-State-Zip:	KISSIMMEE FL 34747

MGRM

Electronic Signature of Registered Agent

SIGNATURE: ALLAN ESPINDULA SOARES

Authorized Person(s) Detail :				
Title	MGRM	Title	MANAGER	
Name	SOARES, ALLAN E	Name	SOARES, DANIELLE DUTRA SR.	
Address	1017 S HIAWASSEE RD UNIT #3727	Address	1017 S HIAWASSEE RD UNIT #3727	
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835	
Title	MGRM	Title	MANAGER	
Name	GAMA, RODRIGO DINIZ SR.	Name	GAMA, LETÍCIA MESQUITA SR.	
Address	2922 BUCCANEER PALM RD	Address	2922 BUCCANEER PALM RD	
City-State-Zip:	KISSEMEE FL 34747	City-State-Zip:	KISSIMMEE FL 34747	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

ORLANDO, FL 32835

APT 103

FEI Number: 36-4872802

Name and Address of Current Registered Agent:

SOARES, ALLAN E 5282 WILLOW COURT ORLANDO, FL 32811 US

2538 LAKE DEBRA DR

APT 103

2538 LAKE DEBRA DR ORLANDO, FL 32835 US

Current Mailing Address:

DOCUMENT# L17000148120 Entity Name: TRUST ALLIANCE SERVICES, LLC

Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Certificate of Status Desired: No

03/08/2022

FILED Mar 08, 2022 Secretary of State 0901049953CC

03/08/2022 Date