

LOG000121041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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AUG - 5 2013

A. LUNT

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2013

LAUREL DEKKER  
2637 E ATLANTIC BLVD #25376  
POMPANO BEACH, FL 33062

SUBJECT: TRUST ONE SOLUTIONS, LLC  
Ref. Number: L06000121041

We have received your document for TRUST ONE SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

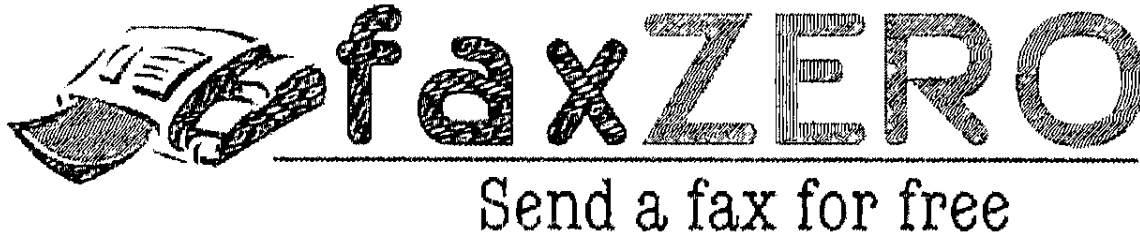
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner  
Senior Section Administrator

Letter Number: 013A00016912



**Recipient Information**

**To: AGNES LUNT**  
 Company: FL Division of Corporations  
 Fax #: 8502456030

**Sender Information**

**From: Laurel Dekker**  
 Company: TRUST ONE SOLUTIONS LLC  
 Email address: trustonestuff@gmail.com (from 186.15.212.249)  
 Sent on: Friday, August 2 2013 at 3:34 PM EDT

**ATTN: Agnes Lunt**

Please submit the corrected LLC forms. Change the RA and Registered Office as well as the Principal office and Mailing address. Thank you.

Laurel Dekker

RECEIVED  
 13 AUG -2 PM 3:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

This fax was sent using the FaxZero.com free fax service. FaxZero.com has a zero tolerance policy for abuse and junk faxes. If this fax is spam or abusive, please e-mail support@faxzero.com or send a fax to 800-980-6858. Specify fax #9951006. We will add your fax number to the block list.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUST ONE SOLUTIONS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREL DEKKER  
Name of Person

TRUST ONE SOLUTIONS, LLC  
Firm/Company

2637 E ATLANTIC BLVD STE 25376  
Address

POMPANO BEACH, FL 33062  
City/State and Zip Code

trustonestuff@gmail.com (this is preferred method of communication)  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREL DEKKER at (727) 288-2076  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

*-We paid \$35 when incorrect form was filed. Please credit the account. See copy enclosed.*

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: TRUST ONE SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 2637 E ATLANTIC BLVD STE 25376  
POMPANO BEACH, FL 33062  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 2637 E ATLANTIC BLVD STE 25376  
POMPANO BEACH, FL 33062  
*(Note: MAY BE POST OFFICE BOX)*

12-20-06  
3. Date of filing/registration in Florida

L06000121041  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DYESS, JONES & ASSOCIATES

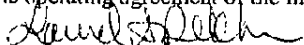
Registered Office Address: 409 S OLD DIXIE HWY  
LADY LAKE, FL 32159

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Box-a-Million No.1 Corp.

NEW Registered Office Address: 2637 E ATLANTIC BLVD STE 25376  
POMPANO BEACH, FL 33062  
*(MUST BE FLORIDA STREET ADDRESS)*

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

LAURELA DEKKER, MGRM

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Signature of Registered Agent

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

FILING FEE: \$25.00