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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

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## REGISTERED AGENT CHANGE TRUM & ASSOCIATES INC.

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## 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 617.1508, Florida Statinge is submitted for a corporation organized under the laws of the State of <mark>Flor</mark> From the submitted for a corporation organized agent, or both, in the State of Flor	ida	
1. The name of	the corporation: TRUM & ASSOCIATES INC.		
	office address: 662 Harbor Blvd Suite 420		
3. The mailing a	ddress (if different): 662 Harbor Blvd Suite 420 Destin FL 32541		
	poration/qualification: 11/06/20 Document number: P2200007	1919	
5. The name and	I street address of the current registered agent and registered office on file with t tment of State: (If resigned, enter resigned)		
	TRUM, DAVID		2
	662 HARBOR BLVD, UNIT 420	<u> </u>	2023 HAR 10
	DESTIN, FL 32541	<u> </u>	AR 10
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	ALCAHASSEE	) AM 8: !
	Northwest Registered Agent LLC	712	J: 52
	7901 4th St N STE 300		, ,
	P.O. Box NOT acceptable St. Petersburg FL 33702		
The street addreas changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered	agent,
Such change wa	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so	
<u> Dan</u>	id Jaum David Trum - President		
L hereby accept I further agree i of my duties, an document is bei	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 comple d I am familiar with and accept the obligation of my position as registered as no filed merely to reflect a change in the registered office address. I hereby it heen notified in writing of this change.	rte perfo zent. Or onjirm t	rmance • if this hat the
77-M	nature of Registered Agent Date		
	half of an entity:		
Taylor New	man  sped or Printed Name		
· ·	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)