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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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RA/RD/Ch8 (10,5,29.15)

COVER LETTER

Division of Corporations					
SUBJECT: TR@F-SYS, INC					
Name of Corporation					
DOCUMENT NUMBER: F11000000283					
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:					
Minhael Latala					
MICHAEL LASA / A Name of Contact Person					
•					
INCSMAIT-BIZ INC Firm/Company					
Firm/Company					
HACH LADY BUTTON ST Address					
/ Addition					
City/State and Zin Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michael LASAIA at (103) 334-0391 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.					

Amendment Section

TO:

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statu In organized under the laws of the State of <u>PA</u> Ir registered agent, or both, in the State of Flori	
	the corporation: TR@F-SYS,	•	
1. The name of t	the corporation: 190 INDUST	RY DRIVE PITTSBURGH, PA 1	5275
2. The principal	office address: 130 INDOST	TO DRIVE THEODOROT, TAKE	5210
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/24/20	011 Document number: F1100000	00283
5. The name and		stered agent and registered office on file with the	ne
	GALLETS, EUNICE		
	2825 SW 22ND AVE. STE.	105 DELRAY BEACH, FL 33445	STATE OF THE STATE
6. The name and (if changed):	I street address of the new registers Registered Agents Inc	red agent (if changed) and /or registered office	WIS NAY 26 PM 1: 27
	3030 N. Rocky Point Dr. S	TE 150A Tampa, Florida 33607	9
	P.O. B	Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its reg	gistered agent,
		dopted by its board of directors or by an office een notified in writing of the change.	
Signatur	re of an officer or director	Chors to the Wandowsta	President
I havaby assent	the appaintment or posistaned on	gent and agree to act in this capacity, all statutes relative to the proper and complete and accept the obligation of my position as i to reflect a change in the registered office ad tified in writing of this change.	
Sign	nature of Registered Agent	5-19-15 Date	
	half of an entity:	Juc	
	-Re-cipent		

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

Typed or Printed Name