

415122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500292920705

12/19/16--01011--018 \*\*35.00

2016 DEC 19 P 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DEC 20 2016

T. LEWIS

CA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRU-GAS OF FLORIDA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 415122

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:

Richard Linton

Name of Contact Person

Tru-Gas of Florida, Inc.

Firm/Company

P O Box 429

Address

La Crosse, WI 54602-0429

City/State and Zip Code

richl@midwesttvandappliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Linton

Name of Contact Person

at ( 608 ) 781-1010

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tru-Gas of Florida, Inc.
2. The principal office address: Arrowood Manufactured Home Comm.  
3500 Fell Road West Melbourne, FL 32901
3. The mailing address (if different): P. O. Box 429  
La Crosse, WI 54602-0429
4. Date of incorporation/qualification: 12/21/1972 Document number: 415122
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sheree Morris

3500 Fell Road

West Melbourne, FL 32901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sandra K. McPeck

3500 Fell Road

P.O. Box NOT acceptable

West Melbourne, FL 32901

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Richard Linton  
Signature of an officer or director

Richard Linton, Treasurer

Printed 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sandra K. McPeck  
Signature of Registered Agent

12/12/2016  
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED  
2016 DEC 19 P 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA