## 10400000 4876

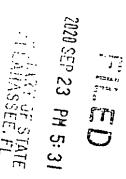
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



500352464825

09/23/20--01013--004 \*\*35.00



1a 11 6/20

## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Trojan Electronic Supply Ca., Inc.
DOCUMENT NUMBER: <u>F040000 4876</u>
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:
Stephen Page Name of Cohtact Person  Trojan Electronic Supply Co., Inc Firm/Company  47 West Rd  Address  Troy, NY 12180  City/State and Zip Code  Sturgeon 10@ aol.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Page at (5/3) 320-0335 Name of Contact Person 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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 New York in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Trojan Electronic Supply Co., Inc
2. The principal office address: 47 West Road
Troy, NY 12180
3. The mailing address (if different):
4. Date of incorporation/qualification: 1936 Document number: F0400000 4876
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)
Ronald A Struthers
189 Albert Lone
Port Charlotte, FL 33954
6. The name and street address of the new registered agent (if changed) and /or registered of fide (if changed):
Stephen Fage  3510 Share Acres Blvd. N.E.  P.O. BOX NOT acceptable  - St. Peters burg, FL 33703
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.
Stephen H Page, President  Stephen H Page, President  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.
Hult 1/20
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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