Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 : (702)866-2500

Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE TRUENORTH, INC.

11111

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COVER LETTER

TO: Ar

Amendment Section
Division of Corporations

SUBJECT: TRUENORTH, INC.
Name of Corporation

DOCUMENT NUMBER: F08000004258

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:

Sara Brautlgam
Name of Contact Person

InCorp Services, Inc.
Firm/Company

2360 Corporate Circle · Suite 400

Address

Henderson, NV 89074-7739

City/State and Zip Code

For further information concerning this matter, please call:

Sara Brautigam on behalf of Incorp Services, Inc. at (702) 866-2500

Name of Contact Person Area Code & Daytime Telephone Number

managedreports@incorp.com

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

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

CR2E045 (03/12)

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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, Flostatement of change is submitted for a corporation organized under the laws of the Statement in order to change its registered office or registered agent, or both, in the Sta	nte of Kansas	
1. The name of the corporation: TRUENORTH, INC.		
2. The principal office address: 8200 E 32nd Street North, Suite 100, Wichita, KS 67226		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 06/19/2006 Document number: FC)6000004258	
The name and street address of the current registered agent and registered office on Florida Department of State: (If resigned, enter resigned)	file with the	
NRAI SERVICES, INC		
1200 South Pine Island Road		
Plantation, THE ABOVE N 33324	 图2 元	
6. The name and street address of the new registered agent (if changed) and /or registe (if changed):	red office services	
InCorp Services, Inc.		
17888 67th Court North		
P.O. Box NOT acceptable Loxahatchee, FL 33470	09 Nillan	
The street address of its registered office and the street address of the business office as changed will be identical.	e of its registered agent,	
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	sy an officer so e.	
David L. Strohm / Trea		
Signature of all officer or director Printed or typed name		
I hereby accept the appointment as registered agent and agree to act in this capacity is further agree to comply with the provisions of all statutes relative to the proper an performance of my duties, and I am familiar with and accept the obligation of my pagent. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.	d complete ssition as registered	
July 10, 2	2015	
If signing on behalf of an entity:		
Sara Brautigam on behalf of Incorp Services, Inc.		

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

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