

F10000003430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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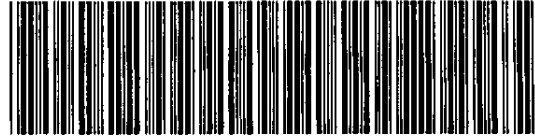
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMMEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wade Trim Group, Inc
Name of Corporation

DOCUMENT NUMBER: F10000003430

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:

Kristen Cicotte

Name of Contact Person

Wade Trim

Firm/Company

25251 Northline Rd

Address

Taylor, MI 48180

City/State and Zip Code

kcicotte@wadetrim.com

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

For further information concerning this matter, please call:

Kristen Cicotte

Name of Contact Person

at (734) 947-9700

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 Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wade Trim Group, Inc.
2. The principal office address: 201 N Franklin Street, Suite 1350, Tampa, FL 33602
3. The mailing address (if different): 25251 Northline Rd, PO Box 10, Taylor, MI 48180
4. Date of incorporation/qualification: 07/27/2010 Document number: F10000003430

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)

Thomas S Brzezinski

8010 Woodland Center Blvd, Suite 1200

Tampa, FL 33614

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

Thomas S Brzezinski

201 N Franklin Street, Suite 1350


P.O. Box NOT acceptable

Tampa, FL 33602

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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.


Signature of an officer or director

Ralph Picano, Secretary

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.


Signature of Registered Agent

4/12/18
Date

If signing on behalf of an entity:

THOMAS S. BRZEZINSKI
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