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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email 1	Address:				
	MUUI ESS.	_			

## REGISTERED AGENT CHANGE TRI-STATE ADJUSTMENTS INCORPORATED

Certificate of Status	0
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Tri-State Adjustments Incorporated

Name of Corporation

DOCUMENT NUMBER:

F11000003481

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Margot Mullin

ೄರರರ

705-7274

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	provisions of sections 607. ange is submitted for a corper to change its registered o	poration organized u	inder the law	s of the State of $\underline{V}$	/isconsin	_	
1. The name of	the comporation: Tri-Sta	ate Adjustme	ents Inco	orporated		· · · · · · · · · · · · · · · · · · ·	
2. The principa	I office address: 3439 EA	AST AVENUE S	SOUTH	LA CROSSE,	WI 546	01	
3. The mailing	address (if different): PO	BOX 3219	LA CF	OSSE, WI	54602	-3219	
4. Date of incom	rporation/qualification: 8/	26/2011	Document n	umber: <u>F1100</u>	000348	1	
5. The name an	d street address of the current artment of State: (If resigned CORPORAT	ent registered agent a d, enter resigned)				19	
	1201 HAYS STREE	Γ				新.	
	TALLAHASSEE		FL	32301-2525	Signal Control	LED 20 A	
6. The name an (if changed):	d street address of the new	registered agent (if c	changed) and	/or registered offic	H LONDA	) M <b>9:</b> 28	
	Registered Agent	Solutions, Inc.			क्रेंट	w	
	155 Office Plaza Dr., Suite A						
	Tallahassee, FL 3	P.O. Box NOT accepta	uble				
The street addr as changed wil	ess of its registered office I be identical.	and the street addre	ss of the bus	iness office of its	registered ag	ent,	
Such change wanthorized by t	ras authorized by resolution the board, or the corporation	n duly adopted by its on has been notified	s board of di in writing of	rectors or by an of the change.	ficer so		
	La Hyelson ure of an others or director	R		legelson or typed name and title	Presider	<u>nt</u>	
I further agree performance of agent. Or, if the	t the appointment as regist to comply with the provisi f my duties, and I am famil his document is being filed a that the corporation has i	ons of all statutes re iar with and accept merely to reflect a c	elative to the the obligation change in the	proper and compo on of my position a registered office	is registered		
	y ·	03	3/20/201			<del></del>	
	gnature of Registered Agent ehalf of an entity:			Date			
Justine Karı	າ nell - Assistant Sec	retary					
	Typed or Printed Name		= 00 + 4 +				