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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 : (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 Address:

## REGISTERED AGENT CHANGE THE TRUESDELL CORPORATION OF WISCONSIN, INC.

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## COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation

Name of Corporation

POCUMENT NUMBER. F1800002197

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

,888

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 cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or reg	unized under the le	aws of the Stat	e of Wisc	consin_	
1. The name of t	the corporation: The Truesdel	l Corporatio	n of Wis	consin	, Inc.	
	office address: 1310 W 23RD					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 5/11/2018	B Documen	t number: F	180000	02197	
	I street address of the current registered rtment of State: (If resigned, enter resigned, enter resigned)	med)			· . · · · · · · · · · · · · · · · · · ·	
	1201 HAYS STREET			<del></del>	HAR	<del>- i</del> 1
	TALLAHASSEE	FL	32301-2	2525	-	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) a	nd /or register	ed office	**************************************	Ö
	Registered Agent Solutions	s, Inc.			*** JI	
	155 Office Plaza Dr., Suite					
	Tallahassee, FL 32301	OT acceptable				
The street address changed will	ess of its registered office and the stre be identical.	et address of the b	usiness office	of its regis	stered agent,	
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been	ted by its board of notified in writing	directors or b	y an office	er so	
•	L. CLINK re of an officer or director	KURT L	CLINK		RESIDEN	iΤ
I haraby account	the appointment as registered agent of the comply with the provisions of all stime of the complex with and it is document is being filed merely to rething the porporation has been notified	and agree to act in	· this conneits	7	egistered ress, l	
		03/01/20	19			
	nature of Registered Agent	<u> </u>	Date			
	half of an entity:					
	nell - Assistant Secretary  ypod or Printed Name					
	* * * FILING F	EE: \$35.00 * * *				