

F190000004014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

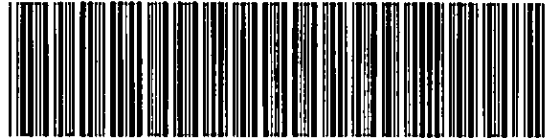
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505 HIGHWAY 169 NORTH, SUITE 350
MINNEAPOLIS, MINNESOTA 55441



COUREY, KOSANDA & ZIMMER, P.A.

TELEPHONE: (763) 398-0441

FAX: (763) 398-0062

BRIDGET C. ANDERSON
banderson@ckzlawfirm.com

August 1, 2022

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: True Blue Supply Chain Management Company

Dear Sir or Madam:

Enclosed for filing with your office, with regard to the above-referenced company, are the following documents:

1. Cover Letter; and
2. Statement of Change of Registered Office or Registered Agent or Both for Corporations for True Blue Supply Chain Management.

This firm's check in the amount of \$35.00 is also enclosed for the filing fee.

We understand that we will receive a letter of acknowledgement after the enclosed Statement of Change has been processed with your office. If you should have any questions or need anything further in order to process this request, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, reading 'Bridget C. Anderson'. The signature is fluid and cursive, with a long horizontal flourish extending from the end.

Bridget C. Anderson

/bca
Enclosures

COVER LETTER

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TO: Amendment Section
Division of Corporations

2022 AUG -8 PM 12:49

SUBJECT: True Blue Supply Chain Management Company
Name of Corporation

DOCUMENT NUMBER: F19000004014

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:

Bridget C. Anderson, Esq.

Name of Contact Person

Courey, Kosanda & Zimmer, P.A.

Firm/Company

505 Highway 169 N, Suite 350

Address

Minneapolis, Minnesota 55441

City/State and Zip Code

banderson@ckzlawfirm.com

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

For further information concerning this matter, please call:

Bridget C. Anderson, Esq.

Name of Contact Person

at (763) 398-0441

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

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

1. The name of the corporation: True Blue Supply Chain Management Company
2. The principal office address: 211 Highway 212 East
Buffalo Lake, Minnesota 55314
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/26/2019 Document number: F19000004014
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)

Donna Fellows-Coffey

2 West Boulevard North

Davenport, Florida 33837

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

Rafael Gomez

2 West Boulevard North

P.O. Box NOT acceptable

Davenport, Florida 33837

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.

Kyle D. Kotke
Signature of an officer or director

Kyle D. Kotke, 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.

Rafael Gomez
Signature of Registered Agent

7/26/22

Date

If signing on behalf of an entity:

Rafael Gomez
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
CR2E045 (04/13)

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