

Florida Department of State
 Division of Corporations
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F22000000746

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To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : TELOS LEGAL CORP.
 Account Number : I20180000004
 Phone : (888)565-2837
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
 TRUV, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

A. BUTLER

NOV 16 2022

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

- 1. The name of the corporation: TRUV, INC.
- 2. The principal office address: 218 NW 24TH STREET 2ND AND 3RD FLOORS, MIAMI, FL 33127
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 2/4/2022 Document number: F22000000746
- 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)

KLOKOV, KIRILL
218 NW 24TH STREET 2ND AND 3RD FLOORS
MIAMI, FL 33127

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

Telos Legal Corp.
155 Office Plaza Drive
P.O. Box NOT acceptable
Tallahassee FL 32301

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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.

Kirill Klovov
 Signature of an officer or director

Kirill Klovov, CEO
 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.

Susan Boadway
 Signature of Registered Agent

11/8/2022
 Date

If signing on behalf of an entity:

Susan Boadway
 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)