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REGISTERED AGENT CHANGE TRUV, INC.

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A. BUTLER

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

		0502, 607.1508, or 617.1508, Florida Statutes, the ganized under the laws of the State of Delawar	
		gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: TRUV, INC.		
2. The principal	office address: 218 NW 24TH STREE	T 2ND AND 3RD FLOORS, MIAMI, FL 33127	
z. The principal			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 2/4/2022	Document number: F22000000746	
	d street address of the current register rtment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	KLOKOV, KIRILL		
	218 NW 24TH STREET 2ND AND 3	RD FLOORS	
	MIAMI, FL 33127		7n2"
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office.	2022 NOV 14
	Telos Legal Corp.		平
	155 Office Plaza Drive	D. Box NOT acceptable	آ نب
). Box NOT acceptable	-
	Tallahassee FL 32301		
The street address changed will	ess of its registered office and the str l be identical.	reet address of the business office of its registered	d agent,
Such change wauthorized by the	as authorized by resolution duly ado he board, or the corporation has beer	pted by its board of directors or by an officer so notified in writing of the change.	
	Kirill Klokov	Kirill Klokov, CEO	
Signatu	ire of an officer or director	Printed or typed name and title	
l further agrée of my duties, ar document is bei	t the appointment as registered agent to comply with the provisions of all t and I am familiar with and accept the ing filed merely to reflect a change it s been notified in writing of this chai	statutes relative to the proper and complete perfo obligation of my position as registered agent. O n the registered office address, I hereby confirm	ormance or if this that the
تارمو ر ان	superfy.	11/8/2022	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Susan Boadway			
Ţ	Typed or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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