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RAROCHS

JAN 12 2015 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 872005 5023520

7

AUTHORIZATION

COST LIMIT : \$ \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)

ORDER DATE: November 13, 2015

ORDER TIME : 3:08 PM

ORDER NO. : 872005-015

CUSTOMER NO: 5023520

CHANGE OF AGENT

NAME: TRUMETER COMPANY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

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

statement of cha	nnge is submitted for a cor	.0502, 617.0502, 607.1508, or poration organized under the l office or registered agent, or b	laws of the State	of
1. The name of	the corporation: TRUMET	ER COMPANY, INC.		
	office address:	D BEACH, FL 33442		
3. The mailing a	address (if different):		·	
4. Date of incorp	poration/qualification:	00 1997 Documer	nt number: FC	1700000000
	d street address of the currentment of State: (If resigne	ent registered agent and registed, enter resigned)	ered office on file	e with the
	FRED HICKEY			
	702 S. MILITARY TRAIL			cz.
	DEERFIELD BEACH	FL	33442	
6. The name and (if changed):	d street address of the new	registered agent (if changed) a	and /or registered	
	Corporation Service Cor	npany		H 9: 01
	1201 Hays Street			
	T-11-b	P.O. Box NOT acceptable	20204	,w
	Tallahassee	, FL	· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered office be identical.	and the street address of the l	business office o	f its registered agent,
-		n duly adopted by its board of on has been notified in writing	f directors or by g of the change.	an officer so
0	Jo Spoker	FRED HICKE	Υ	PRESIDENT
Signatu	ire of an object or director	Pri	nted or typed name an	d title
I further agree performance of agent. Or, if th hereby confirm	to comply with the provis my duties, and I am fami is document is being filea	tered agent and agree to act i ions of all statutes relative to liar with and accept the oblig merely to reflect a change in been notified in writing of this	the proper and cation of my posi the registered of schange.	tion as registered
By:			01-11-2016	
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	ms, Asst. Vice President			
T	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *