

102649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

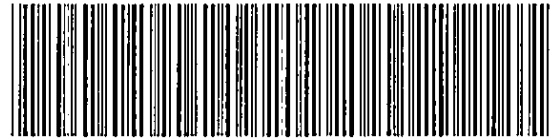
(Business Entity Name)

(Document Number)

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **August 14, 2020**

Account#: 1200000000088

Name: **David Shulman**

Reference #: **1254242**

Entity Name: **TRUST INVESTMENT MANAGEMENT CORPORATION**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$35.00**

Signature: \_\_\_\_\_



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

1. The name of the corporation: TRUST INVESTMENT MANAGEMENT CORPORATION

2. The principal office address: \_\_\_\_\_  
40 Pearl Street NW, Suite 333 Grand Rapids MI 49503

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/16/1987 Document number: K02649

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)

BROWNE, ROBERT W  
\_\_\_\_\_  
11216 TURTLE BEACH ROAD OHS #208D  
\_\_\_\_\_  
North Palm Beach FL 33408

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

COGENCY GLOBAL INC.  
\_\_\_\_\_  
115 North Calhoun Street, Suite 4  
\_\_\_\_\_  
P.O. Box NOT acceptable  
Tallahassee Florida 32301

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.

James R. Browne  
\_\_\_\_\_  
Signature of an officer or director

James R. Browne, Vice President & 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.*

/s/ Eric Hood (Assistant Secretary)  
\_\_\_\_\_  
Signature of Registered Agent

8/13/2020

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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