## L04000016706

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## **COVER LETTER**

	egistration Section vision of Corporations	FILED
SUBJEC	r: The TRUM Inv (Name of Limited L	estment Skoup 2:151-C iability Company 1.5 PATE ALLAHASSEL FEDRIDA
Dear Sir o	or Madam:	
The enclo	sed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matt	er to the following:
Sath	Ny S GIRARY, MANAO	ing mensie
The	Report True Street	soup (LLC
POI	30X, 9388 (Address)	<del></del>
Denv	er Coty/State and Zip Code)	<del></del>
For furthe	er information concerning this matter, please	eall:
Afn A	(Name of Person) at (4	(Area Code & Daytime Telephone Number)
Re Di Cl	TREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: IN TRUNCT INVESTMENT SOUPLIE
2. The mailing address of the limited liability company is:
POBOX 9388, Device Composition
3/2/04 104800016706
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
1-ndhory SGIRARD
ZIT Hendricko Is V 401
FILMULAR And FL 33301
City, State and Zip
6. The name and address of the new registered agent and/or office:
Darlene A Learson
3575 Palladin CIRCLE
Florida street address (P.O. Box NOT acceptable)
Neurfield Beacher 33442
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization by the operating agreement of the limited liability company.
WOULD, MANAGING MEMBER
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address through confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**