L12000079952

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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JUN 2 8 2012 T. HAMPTON

COVER LETTER

	Registration Section Division of Corporations					
SUBJECT: True Five Enterprises, LLC						
			Liability Com			
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered C	office C	hange and fee	(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:						
Martin Rubin Name of Person						
	Name of Person					
True Five Enterprises, LLC						
Firm/Company						
9400 NW 16th St.						
	Address			·		
Plantation FL 33322						
City/State and Zip Code						
myrealtormartin@martinrubin.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Martin Rubin	_ at (954)	818-2924		
	Name of Person		Area Code	& Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:				ADDRESS:		
Registration Section			Registration Section			
•				Corporations		
	Clifton Building 2661 Executive Center Circle		P.O. Box 63	27 Florida 32314		
	Tallahassee, Florida 32301		i ananassee,	1101lua 32314		
Enclosed is a check for the following amount:						
	\$25 Filing Fee		\$55 Filing	Fee & Certified Copy		

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.

Name of the limited liability company: True Five Enterprises, LLC					
2. (a) Principal office address of limited liability comp	pany: 9400 NW 16th St.				
(Note: MUST BE STREET ADDRESS)	Plantation FL 33322				
(b) Mailing address of limited liability company:	9400 NW 16th St.				
(Note: MAY BE POST OFFICE BOX)	Plantation FL 33322				
06/18/2012	L12000079952				
3. Date of filing/registration in Florida	Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	UNITED STATES CORPORATION				
Registered Office Address:	AGENTS, INC. 13302 WINDING OAKS COURT TAMPA FL 33612 US STE A				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:				
NEW Registered Agent:	JOSHUA S. PINSKY, ESQ.				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6499 North Powerline Road #304 Ft. Lauderdale ,FL 33309				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative yote				
Martin Rubin Printed or typed name of signee	PR SPOR				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, Fr. Or, if this document is being filed to address, I hereby topfirm that the limited liability comp	d agree to act in this capacity. I further the proper and complete performance of my ditter position as registered agent as provided for into merely reflect a change in the registered office any has been notified in writing of this change.				
Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314				

FILING FEE: \$25.00