

L15000175915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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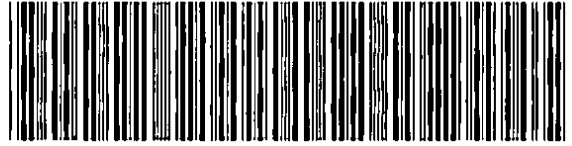
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/07/2021

Name: Chris Vick

Reference #: 1471576

Entity Name: TRUE IV LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$55.00

Signature: [Signature]

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #321072  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790



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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUE IV LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY MACKAY

Name of Person

COGENCY GLOBAL INC.

Firm/Company

111 W. WASHINGTON ST., #1447

Address

CHICAGO, IL 60602

City/State and Zip Code

dkrauss@familyofficesolutionsllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID KRAUSS

Name of Person

at (314) 697-2926

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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 605.0114 or 605.0116, 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. Name of the limited liability company: <u>TRUE IV LLC</u>	
2. (a) <u>c/o Family Office Solutions, LLC</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>18152 Edison Ave., Suite 200</u> <u>Chesterfield, MO 63005</u>	(b) <u>c/o Family Office Solutions, LLC</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>18152 Edison Ave., Suite 200</u> <u>Chesterfield, MO 63005</u>
3. <u>10/15/2015</u> Date of filing/registration in Florida	4. <u>L15000175915</u> Document number
5. (a) <u>CT CORPORATION SYSTEM</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (Note: <u>MUST BE FLORIDA STREET ADDRESS</u> ) <u>1200 S PINE ISLAND ROAD, Suite 250</u> <u>PLANTATION, FL 33324-4459</u>	
(b) <u>COGENCY GLOBAL INC.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>115 North Calhoun Street, Suite 4</u> <u>NEW Registered Office Address</u> : <u>Tallahassee, FL 32301</u>	

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TALLAHASSEE, FL

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 or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

DAVID J. KNOSS  
Printed or typed name of signer

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] VP  
Signature of Registered Agent COGENCY GLOBAL INC.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00