

10/16/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000271732358**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000271732 3)))



H170002717323ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

2017 OCT 16 AM 9:35  
FILED  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
TRUTH IS THE ANSWER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 OCT 16 PM 12:01  
TALLAHASSEE, FLORIDA

OCT 17 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Truth is the Answer, 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:

Marjorie Zuckerman  
Name of Person

Don King Productions, Inc.  
Firm/Company

501 Fairway Drive  
Address

Deerfield Beach FL 33441  
City/State and Zip Code

marjorie@donking.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie Zuckerman at ( 954 ) 418-5828  
Name of Person 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

INHS18 (2/14)

# 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: Truth is the Answer, LLC

2. (a) 501 Fairway Drive (b) 501 Fairway Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Deerfield Beach FL 33441

Deerfield Beach FL 33441

09/28/2017

117000201358

3. Date of filing/registration in Florida

4. Document number

5. (a) Celia Tuckman

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

501 Fairway Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Deerfield Beach FL 33441

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation FL 33324

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.

Donald King

Donald King

Signature of a member or authorized representative of a member

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.

By: CT Corporation System

Signature of Registered Agent

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

INHS18 (2/14)

FILED  
2017 OCT 16 AM 9:35  
TALLAHASSEE, FLORIDA

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

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Principal office address of limited liability company:

Mailing address of limited liability company:

(Name: **MUST BE STREET ADDRESS**)

(NOTE: MAY BE POST OFFICE BOX)

Deerfield Beach, FL 33441

Deerfield Beach FL 33441

09/28/2017

L17000201358

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Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Deerfield Beach FL 33441

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

## C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

Plantation EL 33324

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 of a member or authorized representative of a member

Donald King

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 903, 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.

By: C T Corporation System  
Signature of Registered Agent

**Signature of Registered Agent**

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