## 118000249930

| (Rec                      | questor's Name)   |             |
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| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    | )           |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   | -           |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Truth Signature 1 LC 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:   |
| Kerry Mauvent Name of Person  |
| Firm/Company  |
| 1655 NW 126th Street Address  |
| Miami, FL 33167<br>City/State and Zip Code  |
| truth Signature 18@ amail. Com E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Marguis Johnson at (305) 298-5890  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 |
| Englosed is a check for the following amount:   |
| \$25 Filing Fee \$25 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.

| Tiothe I   |
|--|
| 1. Name of the limited liability company: //UTN Signature  |
| 2. (a) 15005 NE 6th Ave Apt 222 (b) 15005 NE 6th Ave Apt 222   |
|  |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company: Mailing address of limited |
|  |
|  |
|  |
| 10/24/18 <u>L18000249930</u>   |
| 3. Date of filing/registration in Florida 4. Document number   |
| 5. (a) United States Corporation Agents, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |
| A  |
| 13302 Winding OOK COURT AT  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
| Z  |
| Eptor 2 7  |
| MJ MANN Tampa FL33612  |
| (b) Kerry Maurent  |
| (b) MUMENT  Enter name of NEW Registered Agent and/or NEW Registered Office address:   |
| Enter name duriew Registered Agent and/or New Registered Office address.   |
| 1655 NW 126th Street   |
| NEW Registered Office Address:   |
|  |
|  |
| $M(am)$ $_{FL}$ 3316)  |
|  |
| 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 of 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 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   |
| the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed<br>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.  |

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

Signature of Registered Agent