## LZ0000133451

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (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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## COVER LETTER

| TO:    | Registration Section Division of Corporations | •                     |                                      |
|--------|---|-----------------------|--------------------------------------|
|        | Truva Development and Design                  | n, LLC                |                                      |
| SUBJ   | ECT:  |                       |                                      |
|        |   | Name of Limited L     | Liability Company                    |
| Dear : | Sir or Madam:                                 |                       |                                      |
| The e  | nclosed Registered Agent/Registered           | d Office Change and   | I fee(s) are submitted for filing.   |
| Please | e return all correspondence concerni          | ng this matter to the | following:                           |
| Ali Tr | oy Gulec                                      |                       |                                      |
|        | Name of Person                                |                       |                                      |
| Truva  | Development and Design, LLC                   |                       |                                      |
|        | Firm/Company                                  |                       | <del></del>                          |
| 110 W  | ashington Avenue - Apartment 2403             |                       |                                      |
|        | Address                                       |                       |                                      |
| Miam   | i Beach, FL 33139                             |                       |                                      |
|        | City/State and Zip Co                         | ode                   | <del></del>                          |
| truvad | levelopment@outlook.com                       |                       |                                      |
|        | E-mail address: (to be used for future        | e annual report notif | fication)                            |
| For fu | rther information concerning this ma          | atter, please call:   |                                      |
| Ali Tr | oy Gulec                                      | 970                   | 749-1018                             |
|        |   | at (                  | )                                    |
|        | Name of Person                                |                       | Area Code & Daytime Telephone Number |
|        | Mailing Address:                              |                       | Street Address:                      |
|        | Registration Section                          |                       | Registration Section                 |
|        | Division of Corporations                      |                       | Division of Corporations             |
|        | P.O. Box 6327                                 |                       | The Centre of Tallahassee            |
|        | Tallahassee, FL 32314                         |                       | 2415 N. Monroe Street, Suite 810     |
|        |   |                       | Tallahassee, FL 32303                |
|        | Enclosed is a check for the follow            | wing amount:          |                                      |
|        | ■ \$25 Filing Fee                             | <b>□</b> \$           | 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.

| Mai             | me of the limited liability company:   |   | Design, LLC  |
|-----------------|--|---|--|
|                 | Ali Troy Gulec   |   | Ali Troy Gulee<br>(b)  |
| -, -            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  110 Washington Avenue - Apartment 2403   | _ `                                       | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  110 Washington Avenue - Apartment 2403                                      |
|                 | Miami Beach, FL 33139  | _   | Miami Beach, FL 33139  |
|                 | 5/18/2020  | - <del>-</del>                            | L20000133451   |
| a)              | Date of filing/registration in Florida<br>Ali Troy Gulee   | 4.  | Document number  |
|                 | Registered Agent and Registered Office shown on the records of the 325 South Biscayne Boulevard  | ne Floric                                 | da Dept. of State:   |
|                 | Registered Office Address (MUST BE FLORIDA STREET A Apartment 1717   | DDRES                                     |  |
|                 | Miami, FL_   | 33131                                     | · · · · · · · · · · · · · · · · · · ·  |
| ı) <sub>-</sub> | Ali Troy Gulec   |   | 13 PM  |
|                 | Enter name of NEW Registered Agent and/or NEW Registered (110 Washington Avenue  | Office a                                  | SEE, FLE   |
|                 | NEW Registered Office Address:<br>Apartment 2403   |   |  |
|                 |  | 33139                                     |  |
| ge<br>Lw<br>wei | mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | egister<br>oility co<br>the lir<br>imited | red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided i |
| naţı            | are of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| isio            | y accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>by reflect a change in the registered office address, I ha   | erform                                    | nance of my duties, and I am familiar with and acc   |

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