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Division of Corporations

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LLC REGISTERED AGENT CHANGE TRU BAIN LLC

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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.	Na	me of the limited liability company: Tru Bain LLC			
2.	(a)	1524 NW 119th street apt 201	(H	1)	
-	(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	, <u></u> ,	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		Miami, Florida (US)33167	<u>. </u>		
		10/10/2022 12:00:00 AM	_	L220004346	62
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				~3
	\- /	Registered Agent and Registered Office shown on the records of the LEGALING CORPORATE SERVICES INC.		Dept. of State	::
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	•
		476 RIVERSIDE AVE.	_		"
		JACKSONVILLE FL	32202		· -
		JACKSONVILLE FL.			
	(b)				
		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
		Corporate Creations Network Inc.			
		NEW Registered Office Address:			
		801 US Highway I			
		North Palm Beach , FL	33408		
cha age	inge int w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the registere bility co f the lim	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			Dan	ielle W. Goss	man, Special Manager
] h pro the to i	ereb visio obli nere	ure of a member or symborized representative of a member by accept the appointment as registered agent and agre bus of all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete to the proper address of the proper address of the provided to the provided to the proper address. I have the proper address of the provided to the proper address of the proper address.	performa for in C ereby co	ince of my a hapter 605, infirm that t	luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
-22-	_	Joseph P	nobolze	r, Special S	Secretary
Sig	naunt	e of Registered Agent		,	
		Division of Corporations P.O. B			see, FL 32314