Florida Department of State Distribute Corporations Distribute Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE TRUE MARGIN LLC

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K. SALY

MAY - 9 2024

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	ame of the limited liability company: True Margin LLC			
2. (a)	1369 Marjorie Lane	_ (t	1369 Marj	oric Lane
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	North Port, FL 34286	_	North Port,	FL 34286
	05/01/2023		L230002140	93
 (a) 	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
J. (u)	Registered Agent and Registered Office shown on the records of the 476 Riverside Ave.	he Florida	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	0	FILEUMAY-8 PM
(b)	Jacksonville, FL_	32202		PS - 6
	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered 6	Office ad	dress:	PH 4: 16 SEE. FLORIDA
	801 US Highway 1	VIII 22	<u>v(\$33</u> -	
	NEW Registered Office Address:			-
	North Palm Beach , FL	33408		-
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	registero bility co f the lim	ed office and impany, it is lited liability	d the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
	Kristen Espinales	Kris	ten Espinale	s, Attorney-in-Fact
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ho d in writing of this change.	e to act perform for in C ereby co	in this cape ance of my e Chapter 605 onfirm that i	icity. I further agree to comply with the luties, and I am Jamiliar with and accept, F.S. Or, if this document is being filed the limited liability company has been

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent