

M17 000000 3094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

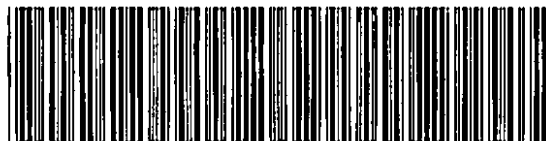
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6209-



400382737814

03/07/22--01014--016 **25.00

FILED
2022 APR 22 AM 8:31
SEATTLE
TALLAHASSEE, FL

cf 5/15/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Inspection Services, 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:

Amy Portis

Name of Person

True Inspection Services, LLC

Firm/Company

871 S. Main Street

Address

Urbana, Ohio 43078

City/State and Zip Code

amy.portis@tisllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Portis at (937) 947.6145
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2022

AMY PORTIS
871 S. MAIN STREET
URBANA, OH 43078

SUBJECT: TRUE INSPECTION SERVICES LLC
Ref. Number: M17000003094

We have received your document for TRUE INSPECTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 422A00006232

**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: True Inspection Services LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

871 S. Main Street

871 S. Main Street

Urbana, OH 43078

Urbana, OH 43078

04/10/2017

M17000003094

3. Date of filing/registration in Florida

4. Document number

5. (a) Stanfel, Stacy

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

17888 67Th Court North

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Loxahatchee

FL

33470

(b) InCorp Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

17888 67th Court North

Loxahatchee

FL

33470

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.

✓ **Amy Portis**
Digitally signed by Amy Portis
Date: 2022.04.18 12:36:19

Amy Portis

Signature of a member or 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 notified in writing of this change.

Isabel Burgos
Signature of Registered Agent

Isabel Burgos on behalf of InCorp Services, Inc.