

m22000012276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

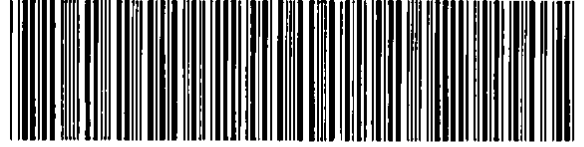
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505 HIGHWAY 169 NORTH, SUITE 350
MINNEAPOLIS, MINNESOTA 55441



TELEPHONE: (763) 398-04
FAX: (763) 398-00

BRIDGET C. ANDERSON
banderson@ckzlawfirm.com

April 11, 2024

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

Re: True Blue Warehousing LLC

Dear Madam or Sir:

Enclosed for filing with your office, with regard to the above-referenced company, are the following documents:

1. Cover letter; and
2. Statement of Registered Agent/Registered Office Change.

This firm's check in the amount of \$25.00 is also enclosed for the filing fee.

If you should have any questions or need anything further in order to process this request, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Bridget C. Anderson'. The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Bridget C. Anderson

BCA/rdb
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Blue Warehousing 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:

Bridget C. Anderson, Esq.

Name of Person

Courey, Kosanda & Zimmer, P.A.

Firm/Company

505 Highway 169 N, Suite 350

Address

Minneapolis, Minnesota 55441

City/State and Zip Code

banderson@ckzlawfirm.com

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

For further information concerning this matter, please call:

Bridget C. Anderson, Esq.

at (763) 398-0441

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

**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 Blue Warehousing 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)

211 Highway 212 East

Buffalo Lake, Minnesota 55313

08/01/2022

M22000012276

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Rafael Gomez

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2 West Boulevard North

Davenport, FL 33837

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Rafael Gomez

NEW Registered Office Address:

201 Government Center Boulevard

Lake Alfred, FL 33850

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.

Kyle D. Kottke

Signature of a member or authorized representative of a member

Kyle D. Kottke, Secretary

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.

Rafael Gomez

Signature of Registered Agent

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

FILED
2024 APR 17 PM 1:06
SECTION 605.0116
TALLAHASSEE, FLORIDA