## Address Address

Address

47/~/74/
City/State/Zip Phone #

Office Use Only

CORPORAT	FION NAME(S) & :	DOCUMENT NUME	BER(S), (if known):	
1.	(Corporation Name)	Oic.		0 P
2		·	ument #)	SIGN
3.	(Corporation Name)	(Docu	ument #)	F COR
4.	(Corporation Name)	(Docu	iment #)	M 8: 37
<b>4.</b>	(Corporation Name)	(Docu	iment #)	<del>- 2</del> -
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Mail out	☐ Will wait	Photocopy	Certificate of State	

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other '

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
X	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

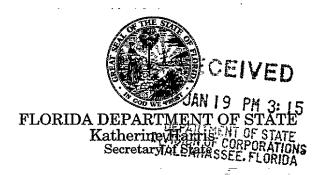
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OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/COLOR
Foreign
Limited Partnership
Reinstatement
Trademark
Other

000002745400--8 -01/19/99--01006--012 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Examiner's Initials



January 19, 1999

**ACCURATE FILING** 

TALLAHASSEE, FL

SUBJECT: TRILOGY, INC. Ref. Number: M54534

We have received your document for TRILOGY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6908.

Teresa Brown Corporate Specialist

Letter Number: 999A00002312

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, 1	Florida Statutes
the undersigned corporation organized under the laws of the State of Florida	
submits the following statement in order to change its registered office or registered a	gent, or both, ii
the State of Florida.	
1. The name of the corporation is: Trilogy, Inc.	
2. The mailing address of the corporation is: 23800 West 8 Mile Road	
Southfield, MI 48034	
3. Date of incorporation/qualification: 6/25/87 Document number:	M54534
4. The name and address of the current registered agent and office:	π
William H. Lefkowitz, Esq.	50 99 W
2170 S.E. 17th Street, Suite 207	是
Fort Lauderdale, FL 33316	· 35 5 5
5. The name and address of the new registered agent and office: (P. O. Box Not Accepta Heurate Filing & Search Services  Go Donna Parker	ible of B
3424-18 Old Str Augustine Road	- 13 B
Tallahassee, Florida 32311	. 7
The street address of its registered office and the street address of the business office agent, as changed, will be identical.	of its registered
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board.	
Draw 1 hole 10 1/10/0	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Bruce E. McDonald, President	<del>-</del>
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above corporation, I hereby accept the appointment as registered agent and agree to act in t I further agree to comply with the provisions of all statutes relative to the proper and performance of my duties, and I am familiar with and accept the obligation of my posite registered agent.	complete ition as
1-19-97	<del>-</del> -
(Signature of Registered Agent) (Date)	<del></del>
If signing on behalf of an entity:	
Donno tarker Registered Agent -	Pros.
(Typed or Printed Name) (Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*