

M54534

Accurate Filing
Requestor's Name

Address
671-1741
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. *Trilogy, Inc.*
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time *2:00*
☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
99 JAN 19 AM 8:37
DIVISION OF CORPORATION

FILED
99 JAN 19 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

See 1/20



RECEIVED

JAN 19 PM 3:15

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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, 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 agent, or both, in 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:

William H. Lefkowitz, Esq.

2170 S.E. 17th Street, Suite 207

Fort Lauderdale, FL 33316

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Accurate Filing & Search Services
Do Donna Parker

3424-18 Old St. Augustine Road

Tallahassee, Florida 32311

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Bruce E. McDonald
(Signature of an officer, chairman or vice chairman of the board)

1/19/99
(Date)

Bruce E. McDonald, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Donna Parker
(Signature of Registered Agent)

1-19-99
(Date)

If signing on behalf of an entity:

Donna Parker
(Typed or Printed Name)

Registered Agent - Pres.
(Capacity)

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