DOCUMENT # M9800001228						FILED C	TATE			536 A⊓
I. Entity Name TRUEVANCE COMMUNICATIONS, L.L.C.					01)	FILED STATE SECRETARY OF STATE DIVISION OF CORPORATIONS				
						OO JUL 31 PM	1:25			
Principal Place of Business Mailing Address						10 Jun o		n L		
3500 PARKWAY LANE, STE 290 3500 PARKWAY LANE, STE 29 NORCROSS GA 30092 NORCROSS GA 30092-2861					17					
. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI I	4. FEI Number 58-2408930 Applied For Not Applicable				
Zip Country		Zip Coun		try	5 Cartificate of Status Decired 55.00 Additi			t Applicable litional	1	
	6. Name and Address of Current	Registered Agent			7Nam	ne and Address of Nev		Fee Required Agent	<u> </u>	-
CORRORA	TION CEDIACE COMPANY	-		-Name						-
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301-2525										
				City FL Zip Code						
. The above	named entity submits this statement for	r the purpose of changing its	s registere	d office or	registered agent,	or both, in the State of	Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signatu	re required when remsta	iting)	DATE			
		FILE N	OW!!! F	FEE IS \$	50.00					
		Make Check Pa		-						
) .	MANAGING MEMBERS/MEMBERS 10.					ADDITIONS/CHANGES				
TTLE IAME	MGR SMITH, J. NEIL	☐ Delete	TITLE		James W	- MBR v. True		Change	Addition 🔀	6/6)
TREET AODRESS	3500 PARKWAY LANE, SUITE 29/ NORCROSS GA 30092	0		ET ADDRESS 87-ZLP						CR2E083 (9/99)
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ITY-ST-ZIP				-ST-ZIP		07/07/17 Ft. 111 O. 111	_ 16,1-		da canadi	-
 I hereby of indicated limited lial 	certify that the information supplied with on this report is true and accurate and bility complete or the receiver or trustee	this filing does at qualify for that my signates shall have empowered execute this	or the exer the same report as	mption state legal effect required b	ed in Section 119 of as if made underly Chapter 608, Fl	.u/(3)(i), Florida Statute er oath; that I am a mai lorida Statutes.	s. I further c raging mem	eruty that the in ber or manage	r of the	
	ALANEA T		n 120 Cm n			.1 1	/	.\	I	
SIGNAT	URE: SINATURE AND TYPED OR PRIN	ITED ONE OF SIGNING MANAGING	MEMBER O	PESW IR MANAGER	. Irue	4/28/ Date	<u>XV (9</u>	04)378- Daytime Phone #	<u>a581</u>	