P00000031839

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DEC 23 2014 T. CARTER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: True North Concepts, Inc.

Name of Corporation

DOCUMENT NUMBER

P00000031839

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colette Glencross

Name of Contact Person

True North Concept, Inc.

Firm/Company

P.O. Box 2526

Address

New Smyrna Beach, FL 32170

City/State and Zip Code

cmglencross@earthlink.net

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

For further information concerning this matter, please call:

Colette Glencross

,386

314-1087

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statunge is submitted for a corporation organized under the laws of the State of <u>f</u> To change its registered office or registered agent, or both, in the State of Flori	LORI D	<u>) A-</u>
1. The name of t	the corporation: True North Concepts, Inc.		
2. The principal	office address: 7351 Office Park Place, Melbourne, FL 32940		
3. The mailing a	ddress (if different): P.O. Box 2526, New Smyrna Beach, FL 32	170	
4. Date of incorp	poration/qualification: 03/24/2000 Document number: P000000	31839	
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)		
	Ray A. Andrews		
	204 Oakwood Avenue	14	SEC
	New Smyrna Beach, FL 32169	DEC 1	RETA
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	15 PM 2:	RY OF SI
	Theresa A. Burdine	ę 1 :	TATE ORIO
	7351 Office Park Place		<i>-</i>
	P.O. Box NOT acceptable Melbourne, FL 32940		
The street address changed will	ess of its registered office and the street address of the business office of its reg	gistered a	igent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
/ fle /	Colette Glencross, Preside	nt	
I hereby accept I further agree performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complet my duties, and I am familiar with and accept the obligation of my position as is document is being filed merely to reflect a change in the registered office act that the corporation has been notified in writing of this change.	te registere ldress, I	ed
	relative of Resistered Agent Date		_
	chalf of an entity:		
T	yped or Printed Name		

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