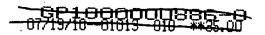
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(Requestor's Name)					
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PICK-UP	WAIT	MAIL .			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Trusted	l Genius, Inc					
	Nan	ne of Corporation					
DOCUMENT NUI	ENT NUMBER: P05000100746						
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:							
· .	Mi Name	chael Sullivan					
	Trusted Genius, Inc Firm/Company						
3500 NW Boca Raton Blvd Suite 729 Address							
Boca Raton, FL 33431 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
يا در پينان يونانيونيون د .	Mike Sullivan	at (954) Area Code & Da	247-4900				
Nan	ne of Contact Person	Area Code & Da	ytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section	Street Addre Amendment	ess: Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	orporation organized	607.1508, or 617.1508, Floi d under the laws of the State d agent, or both, in the State	e of Florida	
1. The name of t	he corporation: Trusto	ed Genius, Ind	·		
2. The principal	office address: 3500 N	NW Boca Raton	Blvd Suite 729		
	n, FL 33431				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: _	07/18/2005	Document number:	P05000100746	
	I street address of the cu tment of State: (If resign		nt and registered office on fi	100	
	Michael P Sullivar	1			
	3500 NW Boca Raton Blvd Suite 724				
	Boca Raton, FL 3	3431		19 PM 12:	
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or registere		
	Michael P Sullivar	<u> </u>			
	3500 NW Boca Ra	aton Blvd Suite 7	729		
		P.O. Box NOT ac	cceptable		
	Boca Raton, FL 3	3431		,	
The street address changed will	ess of its registered offi be identical.	ce and the street ad	dress of the business office	e of its registered agent,	
Such change was authorized by the	as authorized by resolu he board, or the corpora	tion duly adopted bation has been notif	y its board of directors or ied in writing of the chang	by an officer so e.	
-VUU	<i>y</i>		Michael P	Sullivan	
•	te of an officer or director the appointment as reg to comply with the proving I am familiar with a ing filed merely to refle s been notified in writin	gistered agent and a visions of all statute nd accept the obliga ct a change in the r ng of this change.	Printed or typed nam agree to act in this capacites relative to the proper an ation of my position as regregistered office address, I	e and title	
1110		 -	7/14/20	010	
Sig	gnature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	yped or Printed Name	<u></u>		,	

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