## P07000122184

(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE. HURRINA

DEC 1 8 2012 T. LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Truly Designed Inc.  Name of Corporation  DOCUMENT NUMBER: FO7000122184
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:
Eric Bundy Name of Contact Person
Name of Contact Person
Firm/Company
2148 Walkers Glen Ln. Address
Jacksonville FL 32246 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Bundy at (904) 318-4712  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2012

ERIC BUNDY 2148 WALKERS GLEN LANE JACKSONVILLE, FL 32246

SUBJECT: TRULY DESIGNED INC.

Ref. Number: P07000122184

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

In order to process the change of registered agent/office the enclosed form must be completed and returned to this office.

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) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 412A00028986

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## 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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Truly Designed Inc.
2. The principal office address: 2148 Walkers Glen Ly.
Jacksonville FL 31248
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/08/2007 Document number: PC 7000 122 184
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
United States corporation Agents inc.
320 S. Flamingo Road #347
Pembroke Pines FL 33027 P
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Eric Bundy
2148 Walters Glan Ln.  P.O. Box NOT acceptable
Jacksonville FL 32246
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, or the corporation has been notified in writing of the change.
Signature of an officer British Signature of Signature Signature of Signature Sign
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agenty  12/13/12  Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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

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