

PI2000053159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

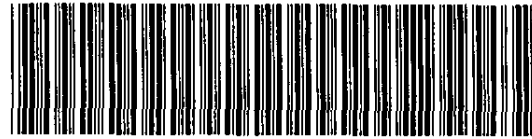
Special Instructions to Filing Officer:

Mohammad Khan gave  
authorization to correct  
RA on application.

10/11/13  
dec

Ym

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09/18/13--01030--001 \*\*35.00

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13 OCT 11 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trump inc

Name of Corporation

**DOCUMENT NUMBER:** p12000053159

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:

**Mohammad khan**

Name of Contact Person

Firm/Company

**5505 grande lagoon Blvd**

Address

**Pensacola, florida 32507**

City/State and Zip Code

**dearkhan@aol.com**

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

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13 OCT 11 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

**mohammad khan**

Name of Contact Person

at ( **203** ) **6069447**

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

September 23, 2013

MOHAMMAD KHAN  
5505 GRANDE LAGOON BLVD  
PENSACOLA, FL 32507

SUBJECT: TRUMP, INC.  
Ref. Number: P12000053159

We have received your document for TRUMP, 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):

Please list the full name of the new registered agent in section 6 of the application. ✓

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 413A00022337

RECEIVED

13 OCT -4 AM 11:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Trump inc
2. The principal office address: 5505 grande lagoon blvd, pensacola  
Florida, 32507
3. The mailing address (if different): same
4. Date of incorporation/qualification: 06/12/2012 Document number: p12000053159
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

*MOHAMMAD* MOHAMMAD khan, 5505 grande lagoon blvd  
pensacola, FL 32507

P.O. Box NOT acceptable

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 authorized by the board, or the corporation has been notified in writing of the change.

x *MOHAMMAD* 9/14/2013  
Signature of an officer or director

MOHAMMAD KHAN

Printed or typed name and title

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.

x *MOHAMMAD*  
Signature of Registered Agent

09/14/2013

Date

If signing on behalf of an entity:

MOHAMMAD KHAN

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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13 OCT 11 AM 9:24  
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TALLAHASSEE, FLORIDA