P13000007681

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

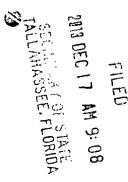


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RA Charge

11/07/13--01014--007 **25.00

12/18/13--01003--005 **10.00



200789,00721,06342,00671



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2013

Jote Kaur Truiso LLC 17145 N. Bay Road #4106 Sunny Isles Beach, FL 33160

SUBJECT: TRUISO CORPORATION

Ref. Number: P13000007681

We have received your document for TRUISO CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 913A00026285

RECEIVED
13 DEC 17 PM 2: 19

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRUISO Corporation Name of Corporation
DOCUMENT NUMBER: P13000007681
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:
Name of Contact Person TRUSD Coccoocations
TRUISO Corporation
17145 N. Bay Rd. #4106
Sunny ISIES Beach, FL 33160 City/State and Zip Code
H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jote Kaur at (305) 915 6811 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

	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
	in order to change its registered office or registered agent, or both, in the State of Florida.
	1. The name of the corporation: TRUISO Corporation
	2. The principal office address: 17145 N. Bay Rd. #4106
	Sunny Isles Beach, FL 33160
	3. The mailing address (if different):
	4. Date of incorporation/qualification: Tan232013 Document number: P1300000768
X 1	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)
old one: 2822 NE 18	
Aventura, Rebecca J.P.	2 30MY LOW DERCH TL 33160
,	6. The name and street address of the new registered agent (if changed) and /or registered office.
	(if changed):
	Total Kaur Ma 3
	17145 N. Bay Rd. #4106
	Sunny Isles Beach, FL 33160
	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 charge 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 or director Signature of an officer or director 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 his 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 Agent Signature of Registered Agent Signature of Registered Agent Signature of Registered Agent
	If signing on behalf of an entity:
	Typed or Printed Name
	'

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