

P130000039968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

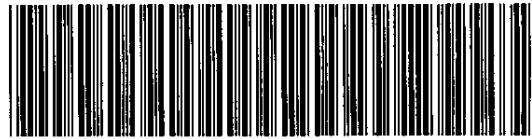
(Business Entity Name)

(Document Number)

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SECRET  
STATE  
TALLAHASSEE, FLORIDA

*Ro Change*

JUL 30 2014

T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRS GROUP INC.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

TARAS POLISHCHUK  
Name of Contact Person

TRS GROUP INC.  
Firm/Company

204 THREE ISLANDS BLVD, APT 202  
Address

HALLANDALE BEACH, FL 33009  
City/State and Zip Code

tarasellopolishchuk@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARAS POLISHCHUK at ( 224 ) 522-0896  
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 FL \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRS GROUP INC.
2. The principal office address: 204 THREE ISLANDS BLVD, APT 202  
HALLANDALE BEACH, FL 33009
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/02/2013 Document number: P13000039968
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)

POLISHCHUK, TARAS  
11205 NW 3RD ST  
MIAMI, FL 33172


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

POLISHCHUK, TARAS  
204 THREE ISLANDS BLVD, APT 202  
P.O. Box NOT acceptable  
HALLANDALE BEACH, FL 33009

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 or director

TARAS POLISHCHUK, PRESIDENT  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Signature of Registered Agent

06/17/2014  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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