

P150000 25134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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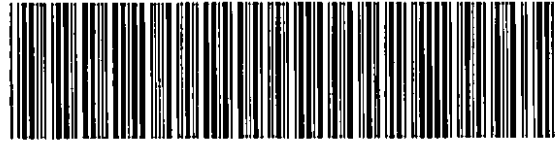
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TrueNorth Technology Solutions, INC  
Name of Corporation

DOCUMENT NUMBER: P15000085134

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:

Monica L. Rodriguez  
Name of Contact Person

TrueNorth Technology Solutions, INC  
Firm/Company

37 N. Orange Ave. STE 616  
Address

Orlando, FL 32801  
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica L. Rodriguez at ( 407 ) 484-5987  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TrueNorth Technology Solutions, INC  
2. The principal office address: 37 N. Orange Ave. STE 616  
Orlando, FL 32801  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/13/2012 Document number: P15000085134

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)

Russell Holmes  
One South Orange Avenue, Suite 305  
Orlando, FL 32801


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

Russell Holmes  
37 North Orange Avenue, Suite 616  
Orlando, FL 32801

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FLORIDA

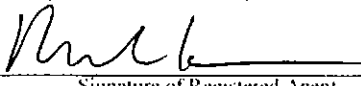
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Richard Koloski, CEO  
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

11/9/18  
Date

If signing on behalf of an entity:

Russell Holmes  
Typed or Printed Name

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