

PI6000084765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

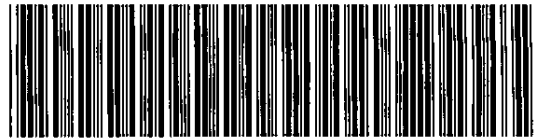
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500290097225

09/13/16--01005--021 \*\*35.00

FILED  
2016 SEP 12 AM 9:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2015  
C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRUE POTENTIAL TOI, INC  
Name of Corporation

DOCUMENT NUMBER: P16000004765

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:

TROY D. INGLE  
Name of Contact Person

TRUE POTENTIAL TOI, INC  
Firm/Company

1868 S. Cappero Dr  
Address

SAINT AUGUSTINE, FL 32092  
City/State and Zip Code

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

For further information concerning this matter, please call:

Troy Ingle at ( 720 ) 284-4347  
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: True POTENTIAL TDI, INC.
2. The principal office address: 1960 EAST WEST PARKWAY Fleming Island FL  
32003
3. The mailing address (if different): 1868 S. Cepparo Dr. SAINT AUGUSTINE, FL  
32092
4. Date of incorporation/qualification: Jan 13, 2016 Document number: P16 000004765
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)

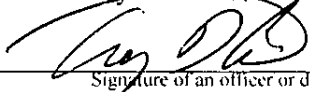
Troy D. Ingle  
4210 Aberdeen Circle  
Rockledge, FL 32955

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

TROY D. INGLE  
1960 EAST WEST PARKWAY SUITE #106  
P.O. Box NOT acceptable  
FLEMING ISLAND, FL 32003


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

TROY D. INGLE, 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

9/7/2016  
Date

If signing on behalf of an entity:

Troy D. Ingle  
Typed or Printed Name

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