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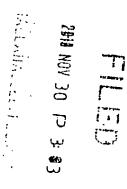
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	





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DEC 0 6 2018
T. LEWIEUX



COVER LETTER

Division of Corporations	
SUBJECT: TRUE HEART Sound INC. Name of Corporation	
DOCUMENT NUMBER: P16 CCOC 70410	
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:	
Mon'tie T Sincit! Name of Contact Person TRUE HEART Sound INC Firm/Company 3455 NW 19th STREET Address LAUBERDALE LAKES FL 33311 City/State and Zip Code 1115/Wile 3 (a) Amail. (cit) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MONTIE SINGH at 917 445-3788 Name of Contact Person Area Code & Daytime Telephone Number	
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

TO:

Amendment Section

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
I The man state There There To Sugar Day
2. The principal office address: 3455 NW 1974 Street
2. The principal office address: 3455 NW 19th Street Linulardale Lakes FL 33311
7. The mailing of the of (F different).
SPANE AS LBOVE
4. Date of incorporation/qualification: $3-24-20/6$ Document number: $160000704/0$
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)
SINGH, MONTIE T
401 EL DORABO FRWY
PLANTATION FC 35317
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SINGLE PRONTIE T
3455 NN 19 11 Street 1
SINGLE PRONTIET 3455 NN 19 IN Street P.O. BOX NOT acceptable LAUDERDALE LAKES FL 33511.
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.
Marke M. Month (PRESIDENT) 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 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 Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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

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