

P16 0000 875 4/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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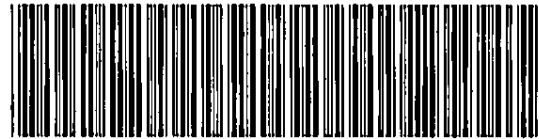
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 13 2018

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18 NOV -9 PM 12:38
2018 NOV 13 12:38 PM
CLERK OF SUPERIOR COURT

R/A 24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2018

CYDY DIANNEL PALANG
TRUE LAUREL REAL ESTATE SOLUTIONS, INC.
1391 NW ST LUCIE W BLVD, SUITE 378
PORT ST. LUCIE, FL 34986

SUBJECT: TRUE LAUREL REAL ESTATE SOLUTIONS, INC.
Ref. Number: P16000087543

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00022100

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: True Laurel Real Estate Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000087543

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:

Cydy Diannel Palang

Name of Contact Person

True Laurel Real Estate Solutions, Inc

Firm/Company

1391 NW St Lucie W Blvd, 378

Address

Port St Lucie, FL 34986

City/State and Zip Code

cydydannel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cydy Diannel Palang

Name of Contact Person

at (802) 376-9791

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

2018 NOV -9 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FL

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 Laurel Real Estate Solutions, Inc
2. The principal office address: 1391 NW St Lucie W Blvd, 378 Port St Lucie, FL 34986
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/28/2016 Document number: P16000087543

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)

ANDERSON REGISTERED AGENTS, INC.

1000 NORTH WASHINGTON BOULEVARD

SARASOTA, FL 34236

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

Registered Agents Inc.

3030 N. Rocky Point Dr., STE 150A

P.O. Box NOT acceptable

Tampa , FL 33607

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

Cydy Diannel Palang, 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

November 6, 2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (03/12)

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