P1700061287

(Requestor's Name	e)
(Address)	_
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Number)	
Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	
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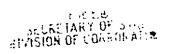
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STANDARD OF CORPORATION OF CORPORATI

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COVER LETTER



TO: Amendment Section Division of Corporations

2818 JUL 39 AM 11: 15

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

SUBJECT:		
Name of Corporation		
P17000061287 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:		
Dixidela Dent		
Name of Contact Person		
Lagos & Priovolos, PLLC		
Firm/Company		
66 W. Flagler Street, Suite 1000		
Address		
Miami, FL 33130		
City/State and Zip Code		
Dixie@AttainJustice.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Dixidela Dent at (305 302-5140) 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 Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of Florida	
in order to change its registered office or registe	•	
1. The name of the corporation: True RE Solution:	s, Inc.	
2. The principal office address: 13455 SW 104 Te	errace	
Miami, FL 33186		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 07/17/2017	Document number: P17000061287	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)		
Dixidela Dent		
13455 SW 104th Terrace Miami, FL 33186		
6. The name and street address of the new registered ager (if changed):	mt (if changed) and /or registered office Miami, FL 33130 acceptable	
Lagos & Priovolos, PLLC	\bar{\bar{\bar{\bar{\bar{\bar{\bar{	
66 W. Flagler Street, Suite 1000 Miami, FL 33130		
P.O. Box NOT	acceptable	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent.	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Dent.	Dixidela Dent / President	
I hereby accept the appointment as registered agent and I further agree to comple with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	utes relative to the proper and complete eccept the obligation of my position as registered ect a change in the registered office address. I	
	7/25/2018	
Sheriature of Registered Agent If signing on behalf of an entity:	Date	
John Priovolos, Esq.		
Typed or Printed Name	D 025 00 4 4 4	
* * * FILING FE	E: 335.00 * * *	

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