

P200000 17373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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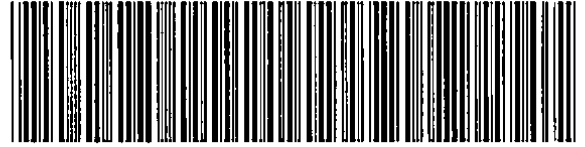
(Business Entity Name)

(Document Number)

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JULIA A. BROWN

RA Change

MAY 26 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TrueHeed Corporation
Name of Corporation

DOCUMENT NUMBER: P20000017373

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:

Arturo Reynoso
Name of Contact Person

TrueHeed Corporation
Firm/Company

PO Box 881491
Address

Port St Lucie, FL 34988
City/State and Zip Code

arturoreynoso4@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arturo Reynoso at (772) 332-3767
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: TrueHeed Corporation
2. The principal office address: 4047 US-1 #9, Fort Pierce, FL
34946
3. The mailing address (if different): PO BOX 881491, Port St. Lucie, FL 34988
4. Date of incorporation/qualification: 02/20/2020 Document number: P20000017373
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)

Reynoso, Arturo
5818 NW ALLYSE DR
PORT ST. LUCIE, FL 34986

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

Registered Agents Inc.
7901 4th St N, STE 300
P.O. Box NOT acceptable
St. Petersburg, FL 33702

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.

Arturo Reynoso
Signature of an officer or director

Arturo Reynoso, 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.

Bill Havre
Signature of Registered Agent

05/01/2020
Date

If signing on behalf of an entity:

Bill Havre
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 (04/13)