

P 93000087418

TRUE DEVELOPMENT INC
627 NORTH MACEWEN DR
OSPREY, FLORIDA 34229

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

700003340947--8

-07/31/00--01129--001

*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 JUL 31 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

AL 8-2

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: IBJ COMPANY OF FLORIDA, INC.

2. The mailing address of the corporation is: 627 NO. MACLENN DRIVE
OSPREY, FL 34229

3. Date of incorporation/qualification: 1/31/94 Document number: P930000087418(8)
12/22/93

4. The name and address of the current registered agent and office:

JOHN TRUEMAN
5750 Midway Pass Rd. Ste 410-E
627 NO. MACLENN DR
Sarasota FL 34242
OSPREY FL 34229

CHANGE ADD ONLY
OFFICER'S NAME

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

NO
627 NO. MACLENN DR
OSPREY, FL 34229

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.

John F. Trueman
(Signature of an officer, chairman or vice chairman of the board)

6/1/00
(Date)

JOHN F. TRUEMAN Pres.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Same
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Same
(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 ***** \$15.00

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