## P99000037429

| (Requestor's Name)                      |  |  |
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| (City/State/Zip/Phone #)                |  |  |
| (City/State/21p/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
| (Business Elliky Walle)                 |  |  |
|   |  |  |
| (Document Number)                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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## COVER LETTER

| TO: | Amendment Section                            |
|-----|--|
|     | <ul> <li>Division of Corporations</li> </ul> |

| Name of Corporation  |                  |
|--|------------------|
| DOCUMENT NUMBER: P99000037429  |                  |
| 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:            |                  |
| Viktor Słavov  |                  |
| Name of Contact Person   |                  |
| PATRICK TIERNEY TROPICAL LANDSCAPES, INC.  |                  |
| Firm/Company   |                  |
| 2803 Seidenberg Avenue   |                  |
| Address  |                  |
| Key West, FL 33040   |                  |
| City/State and Zip Code  |                  |
| vslavov1@aol.com   |                  |
| E-mail address: (to be used for future annual report notification)                   |                  |
| For further information concerning this matter, please call:                         |                  |
| Linda B. Wheeler, Esq. at (305) 509-2145  Name of Contact Person Area Code & Daytime |                  |
| Name of Contact Person Area Code & Daytime   | Telephone Number |

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

CR2E045 (04/13)

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

| statement of change is submitted for a corporation  | ol 7,0502, 607,1508, or 617,1508, Florida Statutes, this or organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.   |
|---|--|
| 1. The name of the corporation: PATRICK TIERN   |  |
| The name of the corporation.     The principal office address: 2803 Scidenberg A  | venue, Key West, FL 33040  |
| 3. The mailing address (if different):(same)  |  |
| 4. Date of incorporation/qualification: 4/26/98   | Document number: P99000037429  |
| 5. The name and street address of the current regis<br>Florida Department of State: (If resigned, enter   | stered agent and registered office on file with the  |
| Patrick Tierney (deceased 5/18/20   | 20)  |
| 2803 Seidenberg Avenue  |  |
| Key West, FL 33040  |  |
| 6. The name and street address of the new register (if changed):  | red agent (if changed) and /or registered office   |
| Viktor Slavov   |  |
| 2803 Seidenberg Avenue  |  |
| Key West, FL 33040  | P.O. Box NOT acceptable  |
| The street address of its registered office and the as changed will be identical.   | street address of the business office of its registered agent,   |
| Such change was authorized by resolution duly authorized by the board, or the corporation has be  | adopted by its board of directors or by an officer so been notified in writing of the change.  |
| Who Stern   | Viktor Slavov, President/Secretary/Treasurer   |
| Signature of an officer or director   | Printed or typed name and little   |
| I heretive accept the appointment as registered by I further agree to comply with the provisions of to my duties, and I am familiar with and accept document is being filed merely to reflect a change corporation has been notified in writing of this corporation has been notified in writing of this corporation. | gent and agree to act in this capacity.<br>all statutes relative to the proper and complete performance<br>the obligation of my position as registered agent. Or, if this<br>ge in the registered office address, I hereby confirm that the<br>change. |
| Signature of Registered Agent   | 1 12/09 2020   |
| If signing on behalf of an entity:  |  |
| Typed or Printed Name  * * * FILI   | <br>NG 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)