

K 78429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TROPICAL ALLIANCE CORP
Name of Corporation

DOCUMENT NUMBER: K 78429

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:

RYAN LeBOSS
Name of Contact Person

TROPICAL ALLIANCE CORP
Firm/Company

6666 SW 115 COURT - Unit 202
Address

MIAMI, FL 33173
City/State and Zip Code

TROPICAL ALLIANCE CORP U GMAIL COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN LeBOSS at (305) 450-7337
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
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: TROPICAL ALLIANCE CORP
2. The principal office address: 6760 SW 98 STREET, PINECREST, FL 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/7/1989 Document number: K78429
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)

L. GARY LeBOSS
6760 SW 98 STREET
PINECREST, FL 33156

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

RYAN LeBOSS
6666 SW 115 COURT - Unit 202
P.O. Box NOT acceptable
MIAMI, FL 33173

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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.

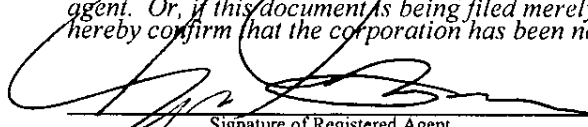


Signature of an officer or director

RYAN LeBOSS, PRESIDENT

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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

NOV 13, 2014 _____

Date

If signing on behalf of an entity:

RYAN LeBOSS

Typed or Printed Name

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