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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TROPICAL FORD, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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J. HORNE

JAN -7-2025

2025 JAN -6 PM 3:59

FILED

2025 JAN -6 PM 4:43

RECEIVED

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

858240

(Document number of corporation (if known))

1. TROPICAL FORD, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DE

(Incorporated under laws of)

3. 10/26/1983

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

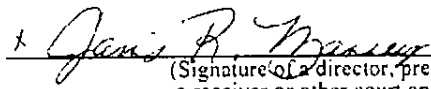
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4) indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President Chairman	H.W. Massey	9900 S Orange Blossom Tr	Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove
President CEO	Janis R. Massey	19400 Ranch Club Blvd.	<input checked="" type="checkbox"/> Add
		Groveland, FL 34736	<input checked="" type="checkbox"/> Remove
Secretary	Carmen N. Massey	3881 Waterview Loop	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32792	<input checked="" type="checkbox"/> Remove
Secretary Treasurer	Maria Isabel Langenderfer	1318 Juniper Hammock Street	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
CEO	Hamilton W. Massey	9900 S Orange Blossom Tr	Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Janis R. Massey ☒ President
 (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00