9/28/21, 10:36 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000362542 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

.**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE ITI TROPICALS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SEP 2 9 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

https://ofile.cuphiz.oco/corinte/ofileous.ava

pg 2 of 3

H21000362542 3

COVER LETTER

UBJECT: ITi Tropicals Inc.	
OCUMENT NUMBER: F980000)4731
he enclosed Statement of Change of Registered	
lease return all correspondence concerning this	matter to the following:
Mary Castillo	
lame of Contact Person	**************************************
egistered Agent Solutions, Inc.	
rm/Company	
701 Directors Blvd. Suite 300	
ddress	
ustin, Texas 78744	
ity/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
or further information concerning this matter, p	please call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

Street Address:

CR2E045 (04/13)

9 09/28/2021 8:39 AM

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

→ 18506176380

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation o r to change its registered office or r	organized under	r the law	vs of the State of New	v Jersey	_
1. The name of t 2. The principal	the corporation: iTi Tropicals In office address: 30 GORDON A	ıc.				
•	ddress (if different):			***************************************	***	
4. Date of incorp	poration/qualification: 8/19/1998	B	ument r	number: <u>F9800000</u>	4731	
	I street address of the current registe tment of State: (If resigned, enter re		egistere	d office on file with th	ĸ	
	CORPORATION SEI	RVICE C	OMP.	ANY		
	1201 HAYS STREET				Z _G	2021
	TALLAHASSEE		FL	32301-2525	CRET	21 SEP
6. The name and (if changed):	street address of the new registered Registered Agent Solu	_		I /or registered office	RETARY OF STATE AHASSEE, FLORID	28 AM 10:
	155 Office Plaza Dr.	Sui	te A		TE ADA	80
	Tallahassee	O. Box NOT accept	able 32301	1		
The street addre	ess of its registered office and the s be identical.	treet address o	f the bu	siness office of its reg	gistered age	ent,
Such change wa	as authorized by resolution duly ad ne board, or the corporation has be	opted by its bo en notified in v	ard of d vriting o	lirectors or by an offic of the change.	cer so	
Isi Jill Har	rity re of an officer or director	Jill Har	,	Vice Presider	nt of Finar	nce
I hereby accept I further agree i of my duties, an document is bei	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	'in the register	o act in i	this capacity, e proper and complet ition as registered as	'e performa ent. Or, if onfirm that	ince this the
Hod	ravin 14	09/28	3/2021			
Sig	maidle of Registered Agent			Date		_
If signing on be	half of an entity:					
	Assistant Secretary yped or Printed Name					
٠.	•	G FEE: \$35.0	0 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)