

L04000020496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

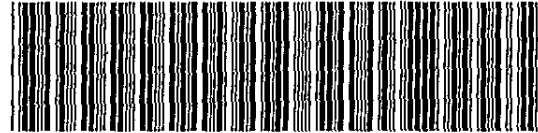
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SEAL OF THE STATE
TALLAHASSEE FLORIDA

Tropical Dream, LLC
4519 S. Florida Ave.
Inverness, FL 34450

Division of Corporations
Florida Dept of State
P.O. Box 6327
Tallahassee, FL 32314

February 4th, 2005

Dear Sirs,

Enclosed is our statement of change for both our registered office and registered agent, with the \$25 processing fee.

Please also correct your website public records which show 'FEIN: None' to show 'FEIN #20-0888028' (effective since March 22nd 2004).

Thanks!

John R Brill

JOHN R. BRILL, Secretary-Treasurer
TROPICAL DREAM, LLC
FL Document # L04000020496

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Tropical Dream, LLC
2. The mailing address of the limited liability company is 4519 S. FLORIDA AVENUE
INVERNESS, FL 34450
- March 16th, 2004 L04000020496
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

A1A Registered Agent Inc
Name
92 Sadberry Rd
Address
Quincy FL 32351
City, State and Zip

6. The name and address of the new registered agent and/or office:

Loren D. Armstrong
Name
4519 S. Florida Ave
Florida street address (P.O. Box NOT acceptable)
Inverness, FL 34450
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John R. Brill
(Signature of a member or authorized representative of a member)

John R. Brill, Secretary-Treasurer

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Loren D. Armstrong
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314