

L07000075149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

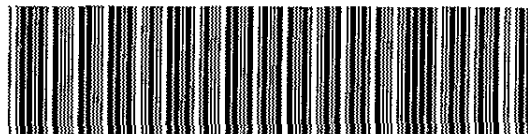
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

117

LAW OFFICES

James L. Case, P.A.

SUITE 102

2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE

(954) 563-1000
FAX (954) 565-2047

August 14, 2007

FEDERAL EXPRESS

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Tropical Shoppes, LLC

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend you records at your earliest opportunity to reflect the change.

Very truly yours,

JAMES L. CASE, P.A.

Karen Block
Karen Block,
Legal Assistant

KB
07-58-156
Encl.
M:\COMMON\Corp\CHG.LT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TROPICAL SHOPPES, LLC
(Name of Corporation)

DOCUMENT NUMBER: L07000075149

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:

Karen Block
(Name of Contact Person)

James L. Case, P.A.
(Firm/Company)

2810 E.Oakland Park Boulevard, #102
(Address)

Fort Lauderdale, FL 33306
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Block at (954) 563-1000
(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 SHOPPES, LLC
2. The principal office address: 2810 East Oakland Park Boulevard, #102, Fort Lauderdale, FL 33306
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 20, 2007 Document number: L07000075149
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FILINGS, INC.

3732 NW 16th Street

Fort Lauderdale, FL 33311

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

James L. Case

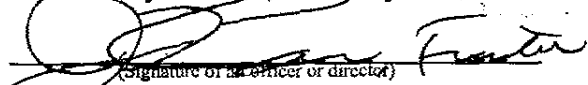
2810 East Oakland Park Boulevard, #102

(P.O. Box NOT acceptable)

Fort Lauderdale, FL 33306

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

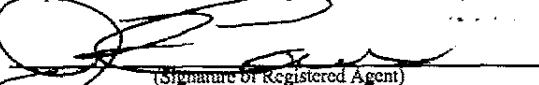
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

JAMES L. CASE, Trustee

(Printed or typed name and title)

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 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)

8/14/07

(Date)

If signing on behalf of an entity:

James L. Case
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS