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COVER LETTER

_	Registration Section Division of Corporations						
SUBJECT:	TROPICAL TEAK, LLC						
SUBJECT.	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Carrie Lav	/argna, Esq.						
	Name of Person						
Lavargna	Law PLLC						
	Firm/Company						
1803 S. Kanner Highway							
	Address						
Stuart, FL	34994						
	City/State and Zip Code						
carrie@la	vargnalaw.com						
E-mail	address: (to be used for future annual repo	rt notification)					
For further i	nformation concerning this matter, please of	call:					
Carrie Lav	vargna, Esq. 7	72 286-7521					
	Name of Person	Area Code & Daytime Telephone Number					
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enc	Enclosed is a check for the following amount:						
⊘ \$	25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2/1-	J)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: TROPICAL TE	EAK, LLC		
2	(a)	8325 SW 56 STREET	(b) 83	25 SW 56 STREET	
	(47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		MIAMI, FL 33155	MI	AMI, FL 33155	
		12/02/2009	L09	000114919	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Carrie Lavargna, Esq.			
	()	Registered Agent and Registered Office shown on the records of the 401 SE Osceola Street	he Florida Dept.		
	2817 JUL 351.24H				
		Stuart , FL	34994	SSS OF THE	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered 9	Office address:	AH 9: 42	
		1803 S. Kanner Highway NEW Registered Office Address:			
			34994		
the ag	ent v ent v is/wo	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the less of organization or the operating agreement of the less of organization.	the registered bility compar f the limited 1	d office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
Carrie Lavargna, Esq.					
Signature of a member or authorized representative of a member Printed or typed name of signee					
pro the to	ovisi 2 obł merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act in the performance I for in Chapt ereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Si	gnatu	Why Dowless re of Registered Agent			