

L10000067329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

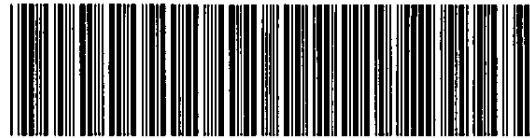
(Business Entity Name)

(Document Number)

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Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP 19 PM 4:56

FILED

DR  
9/26/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TROPICAL MASTERPIECE LLC

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:

Hoda Noufal

Name of Person

TROPICAL MASTERPIECE LLC

Firm/Company

401 E. LAS OLAS BLVD., STE 130-561

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

hodanoufal@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hoda Noufal

at ( 954 )

682-0842

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: TROPICAL MASTERPIECE LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
401 E. LAS OLAS BLVD., STE 130-561 401 E. LAS OLAS BLVD., STE 130-561  
FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301

3. 06/23/2010 4. L10000067329  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
JOHN ROMANO  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
401 E. LAS OLAS BLVD., STE 130-561  
FT. LAUDERDALE, FL 33301

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Hoda Noufal  
**NEW** Registered Office Address:  
401 E. LAS OLAS BLVD., STE 130-561  
FT. LAUDERDALE, FL 33301

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.

Hoda Noufal Hoda Noufal  
Signature of a member or authorized representative of a member 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 605, 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.*

Hoda Noufal  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00