## L12000/05517

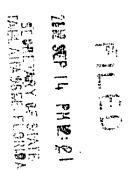
(Re	equestor's Name)	* • •			
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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**EXAMINER** 

## **COVER LETTER**

Division of Corp	orations					
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SUBJECT:		FUPIC	<u>ر کی</u>	20	<u> </u>	<del></del>
SUBJECT: EZ TROPICS, LLC  Name of Limited Liability Company						
Dear Sir or Madam:						
Dear Sir or wadam.						
The enclosed Registered	d Agent/Registe	red Office Ch	ange and i	fee(s) are subm	nitted for filing.	
-						
Please return all corresp	ondence concer	ning this mat	ter to the f	ollowing:		
NATAL	IE HEV	1)				
	ame of Person		<del></del>			
EZ T	eopics,	LLC				
Fi	rm/Company /					
			_	_		
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	Address					
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nthew @ bellsouth . net  E-mail address: (to be used for future annual report notification)						
E-man address. (to be used for future annual report normedition)						
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
					- dim	7
NATALIE	4-71		25	219-4	178	res i
Name of Pe		at ( <u></u>	Area C	Code & Daytime Te	lephone Number	<del>ोश</del> ्च
Transcor 1						
STREET/COUR	IER ADDRESS:		MAILIN	G ADDRESS:		
Registration Secti				ion Section		
Division of Corpo	orations		Division P.O. Box	of Corporations	ł	
Clifton Building 2661 Executive C	enter Circle			. 0327 see, Florida 3231	14	
Tallahassee, Flori			1 4.1411450	,		
Enclosed is a check for the following amount:						
\$25 Filing Fe	e	Γ	\$55 Fil	ing Fee & Cert	tified Copy	
<u> </u>		L		*		

TO: Registration Section

## 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.

agent, or both, in the state of 1 tortaa.	
1. Name of the limited liability company:EZ_	TROPICS, LLC.
2. (a) Principal office address of limited liability company	20450 S.W. 2485T.
(Note: MUST BE STREET ADDRESS)	1 1 20450 S.W. 248ST. Homestead, FL 3303/
(b) Mailing address of limited liability company:	SAME.
(Note: MAY BE POST OFFICE BOX)	
AUG. 16, 2012  3. Date of filing/registration in Florida	4. Document number
* *	
5. (a) Registered Agent and Registered Office shown on	-
Registered Agent:	UNITED STATES CORPORATION AGENTS
Registered Office Address:	13302 WINDING DAK COURT H
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	NATALIE HEW
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20450 S.W. 24874 3T. HOMESTEAD FL 33031
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
NATALIE HEW	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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