## L17000150826

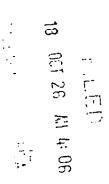
(Requestor's Name)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
TROPICAL ONLINE SEI	RVICES, 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	g this matter to the following:		
HENRY J. WIENCKO, JR			
Name of Person			
TROPICAL ONLINE SERVICES, LL	_C		
Firm/Company	<del></del>		
4202 ARLINGTON RIDGE BLVD.			
Address			
LEESBURG, FL 34748			
City/State and Zip Coo	le		
jaywiencko@gmail.com			
E-mail address: (to be used for future	annual report notification)		
For further information concerning this ma	tter, please call:		
HENRY J. WIENCKO, JR.	239 219-5688 at ( )		
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	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 It// ICIE		ONLINE SERVI	CES. LLC
	me of the limited liability company:990 WAREHOUSE RD.	990 V	VAREHOUSE RD.
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  APT. 10318	APT	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32803		NDO, FL 32803
	7/13/2017	82-216	3179
3.	Date of filing/registration in Florida HENRY J. WIENCKO JR.	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records 990 WAREHOUSE RD.	of the Florida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET APT. 10318	T ADDRESS)	
	ORLANDO	32803 FL	<del></del>
(b)	HENRY J. WIENCKO JR. Enter name of NEW Registered Agent and/or NEW Register	red Office address:	26
	4202 ARLINGTON RIDGE BLVD.		
	NEW Registered Office Address:	<del>7 • •</del>	_
	LEESBURG	34748 FL	
the cha agent v was/we the arti Signat I herei provisi the obl	imited liability company is not organized under the rige or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at each organization or the operating agreement of the united and of a member of authorized representative of a member of a member of a member of a member of a statutes relative to the proper and complete in the proper agent as provided representations of my position as registered agent as provided representative of a member of the proper and complete to the proper and complete relative to the proper agent as provided representative of a member of the proper and complete to the proper and complete relative to the proper and complete in the registered agent as provided representative of the proper and complete the relative to the proper and complete in the registered agent as provided representative of the proper and complete in the registered office address.	of the registered off liability company, is of the limited liability of HENRY J.	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in company.  WIENCKO JR.  Printed or typed name of signee  apacity. I further agree to comply with the
~	re of Registered Agent		