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## **COVER LETTER**

Division of Corporations		
SUBJECT: Tropical Escapes Name of Limite	S POOL +SPA Repair LCC	
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:	
<i>,</i>		
<u> </u>		
SUBJECT: Tropical Escapes Rool +Spa Repair (ICC) 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:  Name of Person  Tropical Escapes Rool + Spa Repair Firm/Company  4850 515+ 54 W  Address  STA denton F1 34210  City/State and Zip Code  Hhite. Johnny & Yahoo Com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  P.O. Box 6327		
Tropical Escapes Pool & Sp Firm/Company	A Rapair	
4850 51st StW		
PSrAdenton, Fl 3421C City/State and Zip Code	AHASSEE.	
Hhite. Johnny & Yahoo. E-mail address: (to be used for future annual report n	iotification) 音行 2	
For further information concerning this matter, please call:	<b>*</b>	
Johnny K White TTat (94)	Area Code & Daytime Telephone Number	
Registration Section Division of Corporations	Registration Section Division of Corporations	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Top  2. (a) 4850 51 s1 Stw Bradento  Principal office address of limited liability compan  (Note: MUST BE STREET ADDRESS)	F1347(0(p) 7	850 Slot SpA  Mailing address of limited liab  (Note: MAY BE POST OF	<u> ((4点 4/1 h ) F</u> / <b>3</b> 4) に pility company:
3. Date of filing/registration in Florida  5. (a) $\triangle Q = A = A = A = A = A = A = A = A = A =$	4.	Document number	
Registered Agent and Registered Office shown on the reco	٥3	2017 TALL	<b>~</b> ∩
Bradenton  (b) JohnnykWhite II  Enter name of NEW Registered Agent and/or NEW Registered H  4850 51s+ Stw		AUG 11 P 2: 24 LAHASSEE, FLORID	
NEW Registered Office Address:	,FL 3431	<u> </u>	
If the limited liability company is not organized under the change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the mem the articles of organization or the operating agreement of Signature of a member or authorized representative of a member	ess of the registered ited liability compan bers of the limited li	office and the business office y, it is hereby confirmed that ability company or as otherw	of the registered the change(s) ise provided in
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and come the obligations of my position as registered agent as present to merely reflect a change in the registered office addressed in writing of this change.	nd agree to act in thi. nplete performance o ovided for in Chapte ess, I hereby confirm	f my duties, and I am familia r 605, F.S. Or, if this docum that the limited liability com	comply with the r with and accept ent is being filed pany has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 323 FILING FEE: \$25.00

NICOLE ROMAGNINO
Notary Public - State of Florida
Commission # 60 063732
My Comm. Expires Jan 24, 2021

Signature of Registered Agent