

L22000302874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

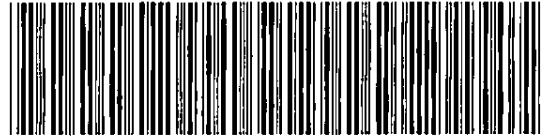
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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tropitech Service 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:

Odell Ledgister

\_\_\_\_\_  
Name of Person

Tropitech Service LLC

\_\_\_\_\_  
Firm/Company

425 W Colonial Dr.

\_\_\_\_\_  
Address

Orlando 32804

\_\_\_\_\_  
City/State and Zip Code

tropitechservice@gmail.com

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

For further information concerning this matter, please call:

Odell Ledgister

Name of Person

at ( 504 ) 228 6423

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Tropictech Service LLC

2. (a) 425 W Colonial Dr Ste 305 (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**)

425 W Colonial Dr Ste 305  
Orlando FL 32804

425 W Colonial Dr Ste 305  
Orlando FL 32804

10/21/24

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3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) Evan Flores

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

425 W Colonial Dr. Ste 305  
**NEW Registered Office Address:**

Orlando, FL 32804

2024 OCT 29 PM 2:12  
TALLAHASSEE, FL  
STATE

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.

Odell Leckert

Signature of a member or authorized representative of a member

Odell Leckert

Printed or typed name of signer

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.

Evan Flores  
Signature of Registered Agent