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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Krewe of " F " tROOP, Inc.
(Name of corporation)

DOCUMENT NUMBER: NO4000008133

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert Troop
(Name of contact person)

Troop Consulting Agency
(Firm/Company)

919 Peninsular Street
(Address)

Tampa, Florida 33603 - 5419
(City/state and zip code)

For further information concerning this matter, please call:

Robert Troop at (813) 404 - 1509
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314