

PD1000115259

3874 Fiscal Court #400
Riviera Beach, FL 33404

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

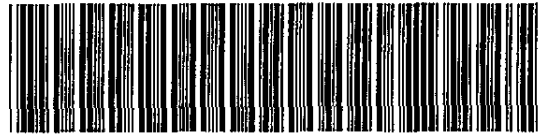
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

02/27/06--01079--004 **35.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TROPICAL TEXTILES of the PALM BEACHES, Inc.
2. The principal office address: 3874 FISCAL COURT RIVIERA BEACH, FL 33404 Ste 400
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Dec. 5 2001 Document number: PO1000115259

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: HAROLD M. LIGHTMAN 2700 PGA BOULEVARD PALM BEACH GARDENS, FL 33410
Previous Agent Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

HAROLD M. LIGHTMAN
2700 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Philip T. Cava
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

2/21/06
(Date)

If signing on behalf of an entity:

Harold Lightman
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)