

PO2000008442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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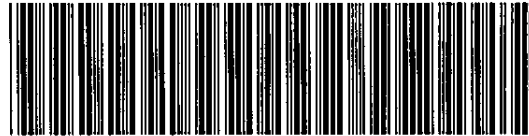
(Business Entity Name)

(Document Number)

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FEB 02 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tropical Lights, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000008442

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:

Jay Cullimore

Name of Contact Person

Tropical Lights, Inc.

Firm/Company

2269 S. University Dr., #336

Address

Fort Lauderdale, FL 33324

City/State and Zip Code

Info@TropicalLights.com

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

For further information concerning this matter, please call:

Jay Cullimore

Name of Contact Person

at (954) 670-1600

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2015

JAY CULLIMORE
TROPICAL LIGHTS, INC.
2269 S. UNIVERSITY DR., #336
FORT LAUDERDALE, FL 33324 US

SUBJECT: TROPICAL LIGHTS, INC.
Ref. Number: P02000008442

We have received your document for TROPICAL LIGHTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the new registered agent and/or office in section 6.

If the new registered agent is anyone other than Jay, that person would need to sign as registered agent accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 615A00000491

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DEPARTMENT OF STATE

**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 Lights, Inc.
2. The principal office address: 2269 S. University Dr., #336
Fort Lauderdale, FL 33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/22/02 Document number: P02000008442
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Susan Kovarik

2269 S. University Dr., #336

Fort Lauderdale, FL 33324

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

JAY CULLIMORE
2269 S UNIVERSITY DR #336
P.O. Box NOT acceptable
FT LAUDERDALE, FL 33324

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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 of an officer or director

Jay Cullimore PRESIDENT

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 of Registered Agent

12/22/2014

Date

If signing on behalf of an entity:

JAY N. CULLIMORE

Typed or Printed Name

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