## P02000055374

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100322844981

01/18/19--01082--0887 \*\*317.79

2019 JAN 18 PM 1: 02 SECRETARY OF STAIR

The Souls

1:12

## **COVER-LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: TANGO IMPORTS, INC.

Name of Corporation

DOCUMENT NUMBER: P02000055374

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:

## Zena Clarke

Name of Contact Person

c/o Stratus Investments, LLC

Firm/Company

6413 Congress Avenue, Suite 110

Address

Boca Raton, Florida 33487

City/State and Zip Code

zclarke@breezercooling.com

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

For further information concerning this matter, please call:

Zena Clarke

<sub>7</sub>954

312-4607

THE PARTY OF THE PROPERTY OF THE PARTY OF TH

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or i	organized und	er the laws of the S	State of Florida	
1. The name of	the corporation: TANGO IMP	PORTS, IN	C.		
2. The principa	l office address: 6413 Congress	Avenue, Su	ite 110, Boca F	Raton, Florida 33487	
_					
3. The mailing	address (if different):				
4. Date of incor	P02000055374				
	d street address of the current register frittent of State: (If resigned, enter re		registered office of	n file with the	
	Theodore R. Stotzer, Esq. (resigned)				
	c/o 550 S.W. 12th Avenue, Suite 550				
	Deerfield Beach, Florida 33442				
6. The name and (if changed):	d street address of the new registered	d agent (if char	nged) and /or regist	tered office CFE TARS	
	Zena Clarke				
	6413 Congress Avenue, Suite 110  P.O. Box NOT acceptable  Boca Raton, Florida 33487				
The street address changed will	ess of its registered office and the s l be identical.	street address o	of the business offi	ce of its registered agent,	
	as authorized by resolution duly ad he board, or the corporation has bee	opted by its been notified in v	oard of directors or writing of the chan	: by an officer so ge.	
Signati	Theodore R. Stotzer, Vice President  Signature of an officer or director  Printed or typed name and title				
I hereby accept I further agree performance of	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been noti	l statutes relat and accept the	o act in this capaci ive to the proper a phlication of my r	ity. ind complete position as registered	
Decare	clarke	Janua	ary 11, 2019		
			Date		
	chalf of an entity:				
Zeug	<u>Clarke</u> yped or Printed Name				

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