

P03000013321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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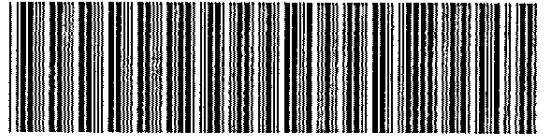
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Florida Tropical Shades, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P030000013321

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:

John McClain  
(Name of contact person)

Florida Tropical Shades, Inc.  
(Firm/Company)

20 Davis St.  
(Address)

St. Augustine, FL 32084  
(City/state and zip code)

For further information concerning this matter, please call:

John McClain at (904) 819-1453  
(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

**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: Florida Tropical Shades, Inc.
2. The principal office address: 5000 Belz Outlet Blvd, Ste 810  
St. Augustine, FL 32085
3. The mailing address (if different): 3010 Aqua Vista Ln #104  
St. Augustine, FL 32084
4. Date of incorporation/qualification: 1/28/2003 Document number: P03000013321
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Deborah L. MacPherson

3010 Aqua Vista Ln #104

St. Augustine, FL 32084

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

Johnny W. McClain, II

20 Davis St.

(P.O. Box NOT acceptable)

St. Augustine, FL 32084

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)

Deborah MacPherson, Director  
(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)

9/15/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To whom it may concern:

Due to a change in the registered agent of the corporation, the mailing address will also change. The new mailing address is 20 Davis St., St. Augustine, FL 32084.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. MacPherson', followed by a long horizontal line.

Deborah L. MacPherson