

PD3000110134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

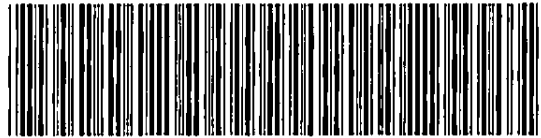
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100433818951

07/29/24--01028--006 \*\*35.00

FILED  
2024 JUL 29 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TROPICAL TEMPTATIONS LANDSCAPING SERVICE, INC.  
Name of Corporation

DOCUMENT NUMBER: P03000110134

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:

Lydia S. Zbrzezny

Name of Contact Person

Southern Atlantic Law Group, PLLC

Firm/Company

290 1st Street S

Address

Winter Haven, FL 33880

City/State and Zip Code

wayne@tropicaltemptationslandscaping.com

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

For further information concerning this matter, please call:

Lydia S. Zbrzezny

Name of Contact Person

at ( 863 )

656-6672

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 TEMPTATIONS LANDSCAPING SERVICE, INC.  
2. The principal office address: 2215 HURST ROAD, AUBURNDALE, FL 33823

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/02/2003 Document number: P03000110134

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)

TAMMY MEADOWS

2215 HURST ROAD

AUBURNDALE, FL 33823

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

SOUTHERN ATLANTIC LAW GROUP, PLLC

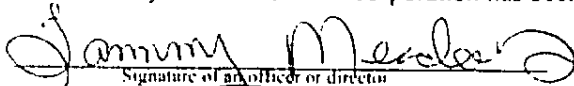
290 1ST STREET S

P.O. Box NOT acceptable

WINTER HAVEN, FL 33880

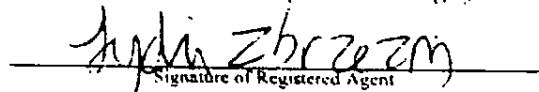
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Tammy Meadows 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

07/09/2024

Date

If signing on behalf of an entity:

Lydia S. Zbrzezni

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 (04-13)

FILED  
2024 JUL 29 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA