## P0400013435Z

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## COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT:Tropical Paradise Beverages, Inc.
	(Name of Corporation)
DOC	MENT NUMBER: P04000134352
The e	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Nancy E. McDonald
	(Name of Contact Person)
	Tropical Paradise Beverages, Inc.
	(Firm/Company)
	pers policies
	8260 Cathy Ann Street 1925 3 (Address)
	Apoplea, Fla 37863
	8260 Cathy Ann Street  (Address)  Orlando, Florida 32818  (City/State and Zip Code)  New soldrass  Apylea, FLA 3 7863  Dali ge  Um Ellin
	(City/State and Zip Code) Way Ellih
For fu	ther information concerning this matter, please call:
	Nancy E. McDonald at ( 407 ) 886 - 9907 (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclo	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address:  Amendment Section  Amendment Section  Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

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

	-		502, 607.1508, or 617.1508, Florida Statut anized under the laws of the State of Floric			
			stered agent, or both, in the State of Florid			
1. The name of th	ne corporation:	Tropical Paradise B	everages, Inc.			
2. The principal of	office address:	1825 S. Orange Blos	som Trail, Apopka, Florida 32703			
3. The mailing ac	ldress (if differen	t):				
4. Date of incorp	oration/qualificat	ion: 09/27/2004	Document number: P0400013435	52		
<ol><li>The name and Florida Depart</li></ol>		the current registered	agent and registered office on file with the	:		
		Nancy McDonal	d	7		
8260 Cathy Ann Street					07 JUN 19	
		Orlando, Florida	32818 US	CRETARY LAHASSEE	¥ 19	<u></u> .
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				PH 2:	C
		Nancy E. McI	Donald	TATE ORIDA	33	
			e Blossom Trail	<b>1</b> 2		
		(P.O. Box NOT acceptal				
		Apopka, Florid	a 32/03			
The street address as changed will it	ss of its registere be identical.	d office and the stre	et address of the business office of its reg	istered a	gent,	
4 /	A	-	ted by its board of directors or by an office notified in writing of the change.	er so		
/Very	e of an officer or direct	J tort	Nancy E. McDonald - President (Printed or typed name and title)			
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment o comply with the I am familiar w og filed merely to been notified in	as registered agent e provisions of all st ith and accept the o o reflect a change in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered age the registered office address, I hereby co ge.	e perforn ent. Or, i nfirm tha	nance if this it the	
Nany	the Manual Apparent A	ef.	6/15/07 (Date)			
		gent)	(Date)			
If signing on bel	nalf of an entity:					
	/ped 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)