

P05000066460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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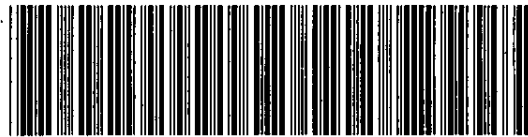
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change

TB

3-26-08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TROPICAL BALLOONING ADVENTURES, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P05000066460

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:

Jennifer A. Margolis, Esq.  
(Name of Contact Person)  
David E. Newman, P.A.  
(Firm/Company)  
1533 Sunset Drive, Suite 225  
(Address)  
Coral Gables, FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer A. Margolis, Esq. at ( 305 ) 665-9633  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mail/HR 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**

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 Jaws 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 Ballooning Adventures, Inc.  
2. The principal office address: 4664 SW 14 St, Miami, FL 33134

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

4. Date of incorporation/qualification: 5/5/05 Document number: P05000066460

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John A. Margolis, Esq.  
9990 SW 77 Ave, Suite 330  
Miami, FL 33156

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

Jennifer A. Margolis, Esq.  
1533 Junset Drive, Suite 225  
Coral Gables, FL 33143

(P.O. Box NOT acceptable)

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)

Thomas MacKie  
(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)

3/20/08  
(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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA