

P07000035869

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

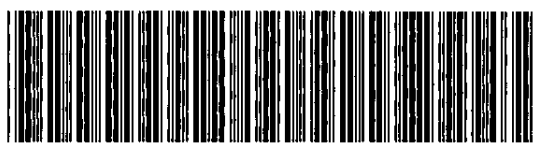
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DIVISION OF CORPORATIONS  
07 NOV 13 PM 1:24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tropical Storm Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000035869

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:

Sandra Konieczka  
(Name of Contact Person)

Tropical Storm Services, Inc.  
(Firm/Company)

P.O. Box 209  
(Address)

Totachatta, FL 34636  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Konieczka at (352) 799-3317  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2007

SANDRA KONIECZKA  
TROPICAL STORM SERVICES, INC.  
P.O. BOX 209  
ISTACHATTA, FL 34636

SUBJECT: TROPICAL STORM SERVICES, INC.  
Ref. Number: P07000035869

We have received your document for TROPICAL STORM SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 707A00062764

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2007 NOV 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Storm Services, Inc.
2. The principal office address: 16348 Gemin Ave  
Brooksville, FL 34601
3. The mailing address (if different): P.O. Box 209  
Istachatta, FL 34636
4. Date of incorporation/qualification: March 19, 2007 Document number: PO7000035869
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sandra L Konieczka  
1789 NE 36<sup>th</sup> Street  
Oakland, FL 33334-5351

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

Sandra L Konieczka  
16348 Gemin Ave  
(P.O. Box NOT acceptable)  
Brooksville, FL 34601

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DIVISION OF CORPORATIONS  
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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..

Sandra L Konieczka  
(Signature of an officer or director)

Sandra L Konieczka (PRES)  
(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.

Sandra L Konieczka  
(Signature of Registered Agent)

November 7, 2007  
(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  
CR2E045 (8/05)