## P08000033695

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Total Tropic Landscaping, Inc. Name of Corporation			
DOCUMENT NUMBER: PO 8 00 00 33 6 9 5			
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:			
Daniel M Godfrey Name of Contact Person			
Total Tropic Landscaping, Inc Firm/Company			
731 NW 76+h Terrace			
Pembroke Pines F-1 33024 City/State and Zip Code			
Dan & total tropic Landscaping. com E-mail address: (to be used for future annual report potification)			
For further information concerning this matter, please call:			
Danie M. Godfrey at (954) 290-0211  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  Street Address:  Amendment Section			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 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 laws of the State of FLORIO in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Total Tropic Landscaping, Inc.
2. The principal office address: 731 NW 7leth Terrace  Pembroke Pines FL 33094
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/61/2008 Document number: P0800033695
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)
8780 NW 1244 Street
Pembroke Pines PL 33024 For =
Pembroke Pines Pl 33024  Daniel M Godfrey  ARE 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Pembroke Pines FL 33024  Pembroke Pines FL 33024  Pembroke Pines FL 33024
P.O. Box NOT acceptable
Daniel M Godfrey
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.
Daniel Godfey President  Signature of in other or princetor  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 Again 11/2/14 Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*