

PO8000042522

(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



400188157424

12/07/10--01020--006 \*\*35.00

10 DEC -7 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

PO8000042522

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tropical Coffee Smoothie Inc.  
Name of Corporation

DOCUMENT NUMBER: P08000042522

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:

Victoria Minehan  
Name of Contact Person

Tropical Coffee Smoothie Inc.  
Firm/Company

2692 N. University Dr. No. 1  
Address

SWANSEE, FL. 33322  
City/State and Zip Code

VIVIRITMOCANTA@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Minehan at 954, 854 6888  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tropical Coffee Smoothie Inc.
2. The principal office address: 2692 N. University Dr. No. 1  
Surprise, FL 33322
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/24/2008 Document number: PO800042522
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)

David V. Lyons (RESIGNED)  
3305 Port Royale Blvd. North No. 234  
Fort Lauderdale, FL 33308

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

Victoria Menahan  
c/o Tropical Coffee Smoothie  
2692 N. University Dr. No. 1  
Surprise, FL 33322

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.

Victoria Menahan Victoria Menahan  
Signature of an officer or director 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.

Victoria Menahan 11/30/10  
Signature of Registered Agent 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)

10 DEC -7 PM 1:59  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314