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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	TROPICAL SUN SERVICE INC
DOCUMENT NUM	BER:	P10000054079
The enclosed Articles	s of Amendment and fee a	are submitted for filing.
Please return all corre	espondence concerning th	is matter to the following:
	N	NEISY GALLARDO
	1	Name of Contact Person
	TROPI	CAL SUN SERVICE INC
		Firm/ Company
	4501	1 W. MINNEHAHA ST
		Address
_		FAMPA, FL. 33614 City/ State and Zip Code
		allardo@yahoo.com ed for future annual report notification)
For further information	on concerning this matter,	, please call:
	Y GALLARDO Contact Person	at ( 813 ) 841-1290  Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount r	nade payable to the Florida Department of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
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

## Articles of Amendment to **Articles of Incorporation** of

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TROPICAL SUN SLINVIOL ....

(Name of Corporation as currently filed with the Florida Dept. of Space)

RETARY OF STATE

TALLAHASSEE, FLORIDA (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) **NEISY GALLARDO** 4501 W. MINNEHAHA ST TAMPA, FL 33614 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **NEISY GALLARDO** Name of New Registered Agent: 4501 W. MINNEHAHA ST New Registered Office Address: (Florida street address) **TAMPA** \_\_, Florida\_33614 (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Mallalo

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	LEONARDO ESTEVEZ	2304 W. MARY GLENN DR TAMPA, FL 33604	_
<u>P</u>	NEISY GALLARDO	4501 W. MINNEHAHA ST. TAMPA, FL. 33614	_ ☑ Add _ ☐ Remove
			_
N/A 	dditional sheets, if necessary). (Be sp		
provisie (if n	mendment provides for an exchange, a ons for implementing the amendment out applicable, indicate N/A)		
N/A			

Essentia detais amendment	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendmenn(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.
The amendment(s) was/we must be separately provide	are approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholde
action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	3-8-11 Ngalodo
Signature	Ngalodo
(By scle	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Meisy GAI/ARDO (Typed or printed name of person signing)
	(Title of person signing)