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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Tropical Timberwoods, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000045333

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:

## Calixto Orta Name of Contact Person Tropical Timberwoods, Inc. Firm/Company 15476 NW 77 Court, #217 Address Miami Lakes, FL 33016 City/State and Zip Code info@tropicaltimber.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calixto Orta

Name of Contact Person

Name of Contact Person

at (305 793-1077)

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

statement of cha	inge is submitted	xtions 607.0502, 617.0 I for a corporation org egistered office or reg	ganized under the	laws of the State of	of_Florida	
1. The name of	the corporation:	Tropical Timbe	rwoods, Inc.			
3. The mailing a	address (if differe	ent):				
4. Date of incoη	poration/qualific	ation: 5/11/2011	Docume	nt number: P11	000045333	
		of the current registere [If resigned, enter resig		ered office on file	with the	
	Elisa Orta	- RESIGNED				
	15476 NW	77 Court, #217	•		— هسمي ز ·	
	Miami Lake	es			7 001	
6. The name and (if changed):	l street address o	of the new registered a				FILED
	Calixto Ort	a				$\Box$
	15476 NW	77 Court, #217			್	
	Miami Lake	P.O. Box N es, FL 33016	OT acceptable			
The street addreas changed will	ess of its register be identical.	red office and the stre	et address of the	business office of	its registered agen	ıt,
Such change wa authorized by the	is authorized by ie board, or the o	resolution duly adopt corporation has been	ted by its board o notified in writin	f directors or by a g of the change.	n officer so	
Signatu	re stan officer or dire	· · · · · · · · · · · · · · · · · · ·		a - President	title	
l further agree l performance of agent. Or, if thi	to comply with the my duties, and I is document is be	t as registered agent he provisions of all st I am familiar with and eing filed merely to re thon has been notified	and agree to act a atutes relative to Laccept the oblig eflect a change in	in this capacity. the proper and co ation of my position the registered off	omalete	
_ Calu	YOUS.	· .	10/6/201			
_	nature of Registered A	•		Date	_	
Calixto Orta	half of an entity:	;				
	ped or Printed Name					

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