

P11200089552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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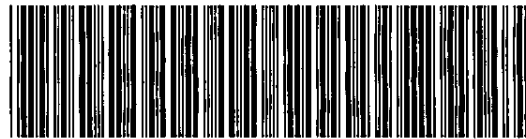
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

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OCT 03 2014  
C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TROPICAL ISLE TRANSPORT SERVICE INC  
Name of Corporation

DOCUMENT NUMBER: P11000089552

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:

MICHAEL A. INVERSO  
Name of Contact Person

TROPICAL ISLE TRANSPORT SERVICE INC.  
Firm/Company

1921 NW 16TH ST.  
Address

POMPHANO BEACH, FL. 33069  
City/State and Zip Code

TROPICALISLE4SVC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A INVERSO at (954) 781-2151  
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 FL.  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TROPICAL ISLE TRANSPORT SERVICE INC  
2. The principal office address: 1921 NW 16TH ST.  
POMPAHO BEACH, FL. 33069  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-12-2011 Document number: P11000089552

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)

JACK LEE  
1202 HAMMONDVILLE RD  
POMPAHO BEACH, FL. 33069

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

MICHAEL A. INVERSO  
1921 NW 16TH ST.  
P.O. Box NOT acceptable  
POMPAHO BEACH, FL. 33069

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.

Michael A. Inverso  
Signature of an officer or director

MICHAEL A. INVERSO  
Printed or typed name and title  
PRES.

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.

Michael A. Inverso  
Signature of Registered Agent

9-23-14  
Date

If signing on behalf of an entity:

MICHAEL A. INVERSO  
Typed or Printed Name  
PRES

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR28045 (03/12)

FILED  
SEP 25 AM 10:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE