

P13 0000 885 78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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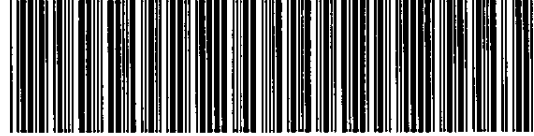
(Business Entity Name)

(Document Number)

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SEP 30 2015  
C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tropi-Cali, Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P13000088578

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:

William Abare  
Name of Contact Person  
Kresge Platt + Abare  
Firm/Company  
1200 Plantation Island Drive  
Address Suite 230  
St. Augustine, FL 32080.  
City/State and Zip Code  
babare@kpacpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Abare at ( 904 ) 460-0747  
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: Tropi-cal i Corporation  
2. The principal office address: 323 Summer Cove Circle  
ST. Augustine, FL 32086  
3. The mailing address (if different): 1269 Scarlet Oak Circle  
Vero Beach FL 32906  
4. Date of incorporation/qualification: 6/24/14 Document number: P13000088578  
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)

Troy Blevins  
323 Summer Cove Circle  
ST. Augustine, FL 32086

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

Richard Prady  
246 San Marco Avenue  
P.O. Box NOT acceptable  
ST. Augustine, FL 32084

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TALLAHASSEE, FLORIDA

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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.

X [Signature]  
Signature of an officer or director

Samuel Troy Blevins  
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.

X [Signature]  
Signature of Registered Agent

9-25-15  
Date

If signing on behalf of an entity:

Richard Prady  
Typed or Printed Name

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