## P14000005005

(Re	equestor's Name)				
(Ac	idress)				
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(Ci	ty/State/Zip/Phon	e #)			
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MAR 2.1 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: TROPICAL TRADE USA, INC.  Name of Corporation					
DOCUMENT NUMBER: 914000005005					
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:					
IECE MALL					
Name of Contact Person					
TROPICAL TRADE USA, INC.					
12355 N.W. 27 PACE Address					
CORAL SPRIMES, FL. 33065 City/State and Zip Code					
SFLJEFF@ AOL. COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TEFF MALIN at (964) 345-3727  Name of Contact Person Area Code & Daytime Telephone Number					
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  Street Address:  Amendment Section					
Amendment Section Amendment Section  Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	ovisions of sections 607.0 se is submitted for a corp			_
in order t	o change its registered of	ffice or registered a	gent, or both, in the Sta	ate of Florida.
1. The name of the	corporation: TROO	ICAL TRADI	E USA, INC.	
2. The principal of	Fice address: \2355	5 NW 27 P	LAUE	•••
	Tice address: 12355 Corre	L SPRINGS,	FL. 33065	
	lress (if different):			
4. Date of incorpo	ration/qualification:	15/2014	Document number:	714000005005
	treet address of the curren nent of State: (If resigned		and registered office on	file with the
***	ALFRED,	VICTOR F.		
_	8680 ŚW	212 STREE	ET, SuiTE 30	>8
_		L. 33189		
6. The name and s (if changed):	treet address of the new r	registered agent (if o	changed) and /or registe	
_	JEFFREY MA	irin		
_	12355 NW 2-	7 PLACE	ab <b>le</b>	
		P.O. Box NOT accepta	ab <b>k</b>	25 <b>0</b>
_	CORAL SPRIN	165, FL. 3	3065	DA
The street address as changed will be	of its registered office a e identical.	and the street addre	ss of the business offic	ce of its registered agent,
Such change was authorized by the	authorized by resolution board, or the corporation	duly adopted by it n has been notified	s board of directors or in writing of the chang	by an officer so
Signature	of an officer or director		José L. M.	ORALES PRESIDENT
I hereby accept the I further agree to performance of magent. Or, if this	e appointment as registe comply with the provision y duties, and I am famili document is being filed in at the corporation has b	ons of all statutes re ar with and accept merely to reflect a	ee to act in this capaci elative to the proper a the obligation of my p change in the registere	ity. nd complete position as registered
all	N alei		MARCH 17, 2	014
Signa	ure of Registered Agent		Date	· · · · · · · · · · · · · · · · · · ·
If signing on beha	lfofan entity:			
Туро	ed or Printed Name			
	***	FILING FEE: \$3	5.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)