

P180000 43998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

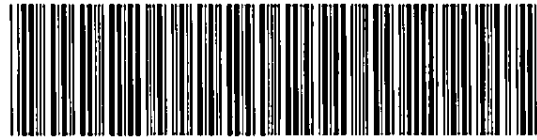
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN -4 A 11:22

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Team Tropical, Inc.

Name of Corporation

DOCUMENT NUMBER: P18000043998

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay A. Brett

Name of Contact Person

Sheppard, Brett, Stewart, Hersch, Kinsey & Hill, P.A.

Firm/Company

9100 College Pointe Court

Address

Fort Myers, FL 33919

City/State and Zip Code

brett@sbshlaw.com

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

For further information concerning this matter, please call:

Jay A. Brett

Name of Contact Person

at (239) 334-1141

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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 CORRECTION

For

Team Tropical, Inc

Name of Corporation as currently filed with the Florida Dept. of State

P18000043998

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on May 9, 2018
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

1. Article VIII - address of Officers
2. Article IX - address of Incorporator
3. Article XI - address of initial registered office
4. Registered Agent Form

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

1. Address of Officers (Article VIII) - change to 15880 Summerlin Road, Suite 300-412, Fort Myers, FL 33908
 2. Address of Incorporator (Article IV) - change to 15880 Summerlin Road, Suite 300-412, Fort Myers, FL 33908
 3. Address of initial registered office (Article XI) - change to 15880 Summerlin Road, Suite 300-412, Fort Myers, FL 33908
 4. Address of Registered Agent - change to 15880 Summerlin Road, Suite 300-412, Fort Myers, FL 33908
- (new Registered Agent form attached)



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michael Burgess

(Typed or printed name of person signing)

President and Registered Agent

(Title of person signing)

Filing Fee: \$35.00

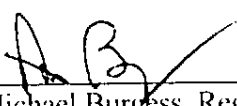
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTIONS 607.0501 AND 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST -- THAT **TEAM TROPICAL, INC.**, DESIRING TO ORGANIZE OR QUALIFY
UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS
IN UNINCORPORATED LEE COUNTY, FLORIDA, HAS NAMED **MICHAEL BURGESS**
LOCATED AT 15880 SUMMERLIN ROAD, SUITE 300-412, FORT MYERS, FLORIDA 33908, AS
ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO
ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES.

Signature: _____


Michael Burgess, Registered Agent

Date: _____

May 30 2015