

P930000 76/911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

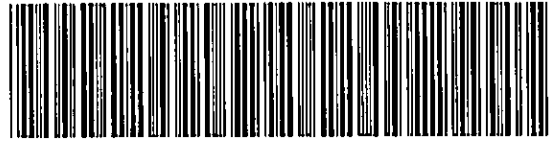
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200315783032

07/17/18--01004--008 **35.00

FEE FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUL 16 AM 11:05

JUL 20 2018
C McNair

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 JUL 16 AM 11:06

TO: Amendment Section
Division of Corporations

SUBJECT: TROPIX EXPRESS INC.
Name of Corporation

DOCUMENT NUMBER: P93000076191

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:

Alan J. Burrows
Name of Contact Person

Tropix Express Inc.
Firm/Company

5610 N.W. 12th Ave. #203
Address

Ft. Lauderdale, FL 33309
City/State and Zip Code

alanburrows66@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra Murray at (954) 776-0838
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tropix Express Inc.
2. The principal office address: 5610 N.W. 12th Ave. #203
Ft Lauderdale, FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/1993 Document number: P93000076191
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)

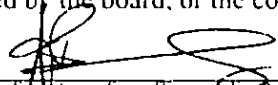
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUL 16 AM 11:05

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

Amanda D. Burrows
2501 S. Palmaire Dr #203
P.O. Box NOT acceptable
Pompano Beach, FL 33069

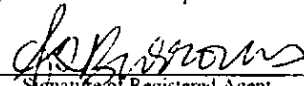
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Alan J. Burrows, Vice President
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.


Signature of Registered Agent

7/9/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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