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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tropic Tool, Inc. (Name of Corporation)
DOCUMENT NUMBER: P9600049339
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:
Marcia Jarus (Name of Contact Person) Tropic Tool Inc (Firm/Company)
4696 Domestic Aug # 105 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Marcia Jarvis at (239) 201-9795 (Name of Contact Person) at (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: Tropic Tool, Inc
2. The principal office address: 4646 Domestic Aug #105
Naples, &L 3404
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/10/96 Document number: P9600049339
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)
Wollman, Edward E. Esq ZE 3
5129 Costello Dr Sute! Fi &
Naples , F1 34103
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4646 Domestic Aue #105 (P.O Box NOT acceptable)
Naples, F1 34104
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.
Douglas Tins(er) (Signiture of an other or director) Douglas Tins(er) (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.
Derughts I A /15/09 (Date)
If signing on behalf of an entity:
Douglas Tinsler (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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