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			Office Use Only	
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11-15-2000

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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Engel's Tropical, Inc.
2. The mailing address of the corporation: 2926 SW Santa Barbara Place
Cape Coral, FL 33914
3. Date of incorporation/qualification: <u>01/02/1997</u> Document number: <u>P97000001948</u>
4. The name and address of the current registered agent and office:
LaRocco, Robert J c/o H.S.Blair & Associates, Inc.
1505 SE 40th Street, Suite C
Cape Coral, FL 33904
5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)
Engel, Wilhelm
Engel, Wilhelm 2926 SW Santa Barbara Place 2927 2928 SW Santa Barbara Place
Cape Coral, FL 33914
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
Stick ()cl 9.18.00
(Signature of an officer chairman or vice chairman of the board) (Date)
Engel, Wilhelm - President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Such Led 9.28.00
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Capacity) (Typed or Printed Name) (Capacity)
Cryped of Filmon Family

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