## P970000 28735

| (Requestor's Name)                      |
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|   |
| (Address)                               |
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|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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09 MAR 27 AH 9: 52 SECRETARY OF STATE FALLAHASSEE, FLORIO

eachoz C.COULLIETTE

MAR 3 1 2009

**EXAMINER** 

## **COVER LETTER**

|  | of Corporations   |  |  |  |
|--|---|--|--|--|
| TRI  | PUTI ENTERPRISES INC.   |  |  |  |
| SUBJECT:   | (Name of Co   | rporation)   |  |  |
| DOCUMENT N   | UMBER: P97000028735   |  |  |  |
| The enclosed Stat  | ement of Change of Registered Office/   | Agent and fee are submitted for filing.  |  |  |
| Please return all c  | orrespondence concerning this matter  | to the following:  |  |  |
|  | Tami Passley  |  |  |  |
|  | (Name of Cont   | act Person)  |  |  |
| Lowndes, Drosdick, Doster, Kantor & Reed, P.A.  (Firm/Company) |   |  |  |  |
|  | 215 N. Eola Drive   |  |  |  |
|  | Orlando, Florida 32801  |  |  |  |
|  | (City/State and   | • ,  |  |  |
| For further inform   | nation concerning this matter, please ca  | 11:  |  |  |
| Tami Passley 407 418-6785                                      |   | at (407 ) 418-6785<br>(Area Code & Daytime Telephone Number)   |  |  |
| (N   | ame of Contact Person)  | (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a \$35.  | 00 check made payable to the Departn  | nent 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

| statement of cha                   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.15<br>ange is submitted for a corporation organized under the laws of<br>er to change its registered office or registered agent, or both, in   | the State of Flor            | rida   | _   |
|------------------------------------|--|------------------------------|--|---|
|                                    | the corporation: TRIPUTI ENTERPRISES INC. office address: 1503 BELVEDERE ROAD, WEST  | PALM BEA                     | CH FL 3                                      | 3406  |
| 2. The principal                   | office address.  |                              |  |   |
| 3. The mailing a                   | address (if different): same as above  |                              |  |   |
| 4. Date of incorp                  | poration/qualification: 03/27/1997 Document numb   | er: P9700002                 | 8735   | <u></u>   |
|                                    | d street address of the current registered agent and registered offi<br>rtment of State:   | ice on file with the         | •  |   |
|                                    | ANAND PATEL  |                              |  |   |
|                                    | 648 RIVERA DRIVE   |                              |  |   |
|                                    | BOYNTON BEACH FL 33435   |                              | TAL<br>SE 0:                                 |   |
| 6. The name and (if changed):      | d street address of the new registered agent (if changed) and /or i  | registered office            | 09 MAR 27<br>SECRETAR<br>LLAHASS             | ्रा कर केट<br>इ.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स.स |
|                                    | Jacqueline Bozzuto, Esq.   |                              | ∺~   | Ë   |
|                                    | 215 N. Eola Drive  |                              | EP S S S S S S S S S S S S S S S S S S S     |   |
|                                    | (P.O. Box NOT acceptable)  |                              | 981<br>981                                   | )   |
|                                    | Orlando, Florida 32801   |                              | Dm   |   |
| The street address changed will    | ess of its registered office and the street address of the busines be identical.   | ss office of its reg         | istered age                                  | nt,   |
| Such change wa<br>authorized by th | as authorized by resolution duly adopted by its board of directive board, or the corporation has been notified in writing of the   | tors or by an office change. | cer so                                       |   |
| Anon                               | Anand Patel, P   |                              |  |   |
| I hereby accept<br>I further agree | the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the provisions of all statutes relative to the provid I am familiar with and accept the obligation of my position ing filed merely to reflect a change in the registered office add to be notified in writing of this change. | oner and complete            | e performa<br>ent. Or, if i<br>infirm that i | nce<br>this<br>the                                    |
|                                    | gnature of Registered Agent)   | 3/17109<br>(Date)            | <u></u>                                      | <del></del>   |
|                                    | chalf of an entity:  |                              |  |   |
| n/a                                | Typed or Printed Name)   |                              |  |   |

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