

P97000042675

(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



800266639328

11/24/14--01031--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 24 PM 2:23

CL
17-3-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TROPICAL TOUCH Landscaping, INC.
Name of Corporation

DOCUMENT NUMBER: P97000042675

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:

DAVID R. HOFFMANN
Name of Contact Person

TROPICAL TOUCH Landscaping, INC.
Firm/Company

10925 S.W. 115th Street.
Address

Miami, FLORIDA 33176-3918
City/State and Zip Code

TWOJZGTE440@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID R. Hoffmann at (786) 295-7210
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: TROPICAL TOUCH Landscaping, INC.
2. The principal office address: 9626 S.W. 98th Street
Miami, FL 33176
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 5/14/1997 Document number: P97000042675

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)

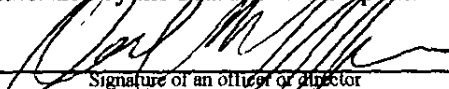
(Resigned) Emily Hoffmann (Resigned)
9626 SW 98th Street
Miami, FL 33176

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

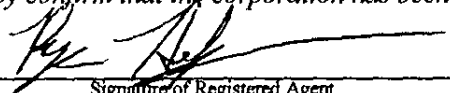
RYAN R. Hoffmann
P.O. Box NOT acceptable
10925 S.W. 115th Street. Miami, FL 33176-3918

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.

 DAVID R. Hoffmann, President
Signature of an officer or director 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.

 11-10-2014
Signature of Registered Agent Date

If signing on behalf of an entity:

N/A
Typed or Printed Name

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



MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 26 PM 2:23