

P98000028531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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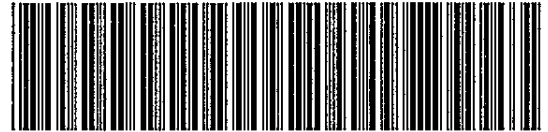
(Business Entity Name)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tropical Roofscapes, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P98000028536

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:

Jamcy Shook  
(Name of contact person)

Tropical Roofscapes, Inc.  
(Firm/Company)

18522 48<sup>th</sup> Avenue North  
(Address)

Loxahatchee, Florida 33470  
(City/state and zip code)

For further information concerning this matter, please call:

Jamcy Shook at ( 561 ) 504-2608  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 3, 2004

JAMEY W. SHOOK  
18522 48TH AVENUE N  
LOXAHATCHEE, FL 33470

SUBJECT: TROPICAL ROOFSCAPES, INC.  
Ref. Number: P98000028536

We have received your document for TROPICAL ROOFSCAPES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 904A00067908

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DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE FOR  
CORPORATIONS**

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2),  
Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the  
State of Florida submits the following statement in order  
to change the registered office in Florida.

1. The name of the corporation: Tropical Roofscapes INC.

2. The street address of the current registered office:

315 South 14<sup>th</sup> Avenue  
Hollywood, Florida 33020

3. The street address of the new registered office:

18522 48<sup>th</sup> Avenue North  
Loxahatchee, Florida 33470

The corporation has been notified in writing of this change.

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

Date: January 9, 2005  
J. Shook  
(Signature of Registered Agent)

Jamey W. Shook  
(Printed or Typed Name)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Filing Fee: \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314**

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