

P 980000830/2

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(City/State/Zip/Phone #)

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(Business Entity Name)

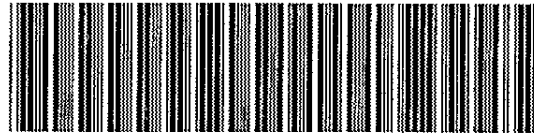
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 18 PM 4:10

Re Change
08/18/06
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2006

DEBBIE LEE
WILLIAM E WYROUGH JR ATTORNEY AT LAW
10859 EMERALD COAST PKWY W #204-426
MIRAMAR BEACH, FL 32550

SUBJECT: TROPICAL VISIONS, INC.
Ref. Number: P98000083012

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

***** OR *****

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 706A00047271

RECEIVED

06 AUG 28 AM 8:00

RECEIVED

06 AUG 28 AM 8:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tropical Visions, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P98000083012

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:

Debbie Lee

(Name of Contact Person)

William E. Wyrrough, Jr., Attorney at Law

(Firm/Company)

10859 Emerald Coast Pkwy W, #204 - 426

(Address)

Miramar Beach FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Lee

(Name of Contact Person)

at (850)

650-7797

(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 Visions, Inc.
2. The principal office address: 4550 Highway 20, Unit H, Niceville, FL 32578
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/23/98 Document number: P98000083012
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William E. Wyrrough, Jr., Attorney at Law

12671 U.S. Highway 98 W., Suite 217-1

Miramar Beach FL 32550

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

William E. Wyrrough, Jr., Attorney at Law

10859 Emerald Coast Pkwy W, #204 - 426

(P.O. Box NOT acceptable)

Miramar Beach FL 32550

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.

(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.


(Signature of Registered Agent)

8/15/06
(Date)

If signing on behalf of an entity:

William E. Wyrrough, Jr.
(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
CR2E045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 18 PM 4:10