

P99000082697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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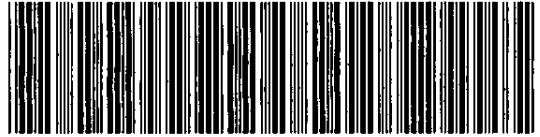
(Business Entity Name)

(Document Number)

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10 APR 26 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RT CM
4/28/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tropical Rider Inc
Name of Corporation

DOCUMENT NUMBER: P99000082697

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:

Coral Gwyn-Williams
Name of Contact Person

Tropical Rider Inc
Firm/Company

24790 Park Drive
Address

Summerland Key, FL 33042
City/State and Zip Code

baydolphins2003n@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dee Wright at (305) 509-7253
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tropical Rider Inc
2. The principal office address: 24790 Park Drive
Summerland Key, FL 33042
3. The mailing address (if different): 1107 Key Plaza #309, Key West, FL 33040
4. Date of incorporation/qualification: 1999 Document number: 8990000 82697
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)

Coral Gwyn-Williams

24790 Park Drive

Summerland Key, FL 33040

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

Coral Gwyn-Williams

24790 Park Drive

P.O. Box NOT acceptable

Summerland Key, FL 33042

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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.

Coral Gwyn-Williams
Signature of an officer or director

Coral Gwyn-Williams
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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