

P99000082697

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tropical Rider, Inc.  
Name of Corporation

DOCUMENT NUMBER: P 99 0000 82697

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

1396 NW 73<sup>rd</sup> Terrace  
Address

Ocala, FL 34482  
City/State and Zip Code

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

For further information concerning this matter, please call:

CORAL Gwyn-Williams at (352) 300-3352  
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 Rider, Inc.
2. The principal office address: 1396 NW 73<sup>rd</sup> Terrace, Ocala FL 34482
3. The mailing address (if different): - Same -
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P99 0000 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

1396 NW 73<sup>rd</sup> Terrace

P.O. Box NOT acceptable

Ocala FL 34482

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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 / President  
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 \*\*\*

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