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S. YOUNG

Mr. Timothy P. Brown 7050 Overseas Highway Marathon, FL 33050

December 20, 2017

BY FEDERAL EXPRESS

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Tropical Isle Resort, Inc.; Change of Registered Agent

Dear Sirs:

Enclosed please find a "Statement of change of Registered Office or Registered Agent or Both for Corporations". This is the Department of State's standard form for a change of registered agent. The registered agent on Tropical Isle Resort, Inc. is being changed from James J. Donovan, C.P.A., to Timothy P. Brown.

The change is being made primarily so that the corporation can obtain building permits on an immediate basis to repair hurricane damage resulting from Hurricane Irma. According to the Monroe County Building Department officials, the registered agent must apply for the building permits for the corporate entity, rather than the corporate officers. We attempted to obtain the building permits by having the corporate officers sign only to be rejected by the Monroe County Building Department. Thus, it is very important to us that this change of registered agent be made on an **immediate basis** with the Florida Department of State. We would thus ask that you process the enclosed form on a very rapid basis.

We thank you in advance for your cooperation in this matter. Should there be other questions, please call us.

Sincerely,

Timothy P. Brown

HEW:ein

ce (w/enc.): James J. Donovan, CPA

COVER LETTER

TO: Amendment Section Division of Corporations

TROPICAL ISLE RESORT, INC. Name of Corporation 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: TIMOTHY P. BROWN Name of Contact Person TROPICAL ISLE RESORT, INC. Firm/Company 7050 OVERSEAS HIGHWAY Address MARATHON, FL 33050 City/State and Zip Code timmy210@outlook.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY P. BROWN

5 363-9337 Code & Daytime Telephone Number

Name of Contact Person

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 ISLE RESORT, INC.
2. The principal office address: 7050 OVERSEAS HIGHWAY MARATHON, FL 33050
3. The mailing address (if different): JAMES J. DONOVAN, C.P.A., 3046 S. CONGRESS AVENUE, LAKE WORTH, FL 33461
4. Date of incorporation qualification: 05/07/1992 Document number: V34975
 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)
JAMES J. DONOVAN, CPA (PERSONAL REPRESENTATIVE)
3046 S. CONGRESS AVENUE
LAKE WORTH, FL 33461
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
TIMOTHY P. BROWN
7050 OVERSEAS HIGHWAY
P.O. Box NOT acceptable
MARATHON, FL 33050
The street address of its registered office and the street address of the business office of its registered agent,
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.
JAMES J. DONOVAN, CPA, VICE PRES & SECRETARY
hereby a cept 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.
Timo Charles DECEMBER 20, 2017 Signature of Registered Agent Date
If signing on behalf of an entity:
Timothy P. Brown
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 (03.12)