Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000049592 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Fax Number

: (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
----------------	--

REGISTERED AGENT CHANGE SHAWNEE MISSION TREE SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

; ALBRITTON

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this stange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Shawnee Mission Tree Service, Inc.
2. The principa	office address: 7901 4th St N STE 300
St. Petersbu	urg FL 33702
3. The mailing	address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702
4. Date of incor	rporation/qualification: 06/20/2006 Document number: F06000004291
5. The name an Florida Depa	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	HAGER, JAY AUSTIN
	3231 SE 41st Place
	OCALA, FL 34480
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Northwest Registered Agent LLC
	7901 4th St N STE 300
	P.O. Box NOT acceptable St. Petersburg FL 33702
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Ron K	Ron Keith - CEO
L harabu accent	Printed or typed name and title
I further agree a of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Ton Gl	02/07/2022
	nature of Registered Agent Date
If signing on be	chalf of an entity:
Tom Glove	
13	* * * 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 (04/13)