

L10000126364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

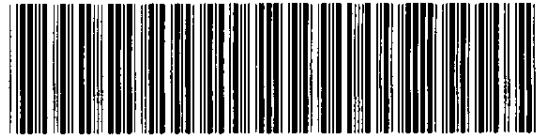
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

APR 15 2011 NO #

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARM Treesevice
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Virgil Adkins
Name of Person

ARM Treesevice
Firm/Company

53 S. Elmhurst Pt.
Address

Lecanto Fl. 34461
City/State and Zip Code

mrhappie@earthlink.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Virgil Adkins at (352) 422 7704
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2011

VIRGIL ADKINS
ARM TREE SERVICE LLC
53 S. ELMHURST PT.
LECANTO, FL 34461

SUBJECT: ARM TREE SERVICE LLC
Ref. Number: L10000126364

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ARM TREE SERVICE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 811A00007523

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ARM Tree service

2. (a) Principal office address of limited liability company: 53 S. Elmhurst Pt. Lecanto Fl. 34461

(Note: MUST BE STREET ADDRESS)

53 S. Elmhurst Pt.

(b) Mailing address of limited liability company: Lecanto, Fl. 34461

(Note: MAY BE POST OFFICE BOX)

53 S Elmhurst Pt. Lecanto FL.34461

12/09/2010
3. Date of filing/registration in Florida

27-4248633
4. Document number L10000126364

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address: 13302 WINDING OAKS BLVD.
SUITE A
TAMPA, FL 33612 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: Virgil Adkins III

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 53 S. Elmhurst Pt.
Lecanto FL 34461

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TALLAHASSEE, FL 32310

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Aaron Penney
Signature of a member or authorized representative of a member

AARON Penney
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Virgil Adkins III
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00