## Cornorations

Division of Corporations Electronic Filing Cover Sheet

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(((H150001957113)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

\*\*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** PLUMTREE HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## **COVER LETTER**

	COVER	EIIER
PLI SURJECT:	UMTREE HOLDINGS, INC.	
TO: Amendment Section Division of Corporations  SUBJECT: PLUMTREE HOLDINGS, INC.  Name of Corporation  Pla000096641  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:  Name of Contact Person  C T Corporation System  Firm/Company  1200 South Pine Island Road  Address  Plantation, Florida 33324  City/State and Zip Code  CT-statecommunications@wolterskhawer.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CT Corporation System  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		
The enclosed St	ratement of Change of Registered Office	Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matter	to the following:
	Name of Con	Total Disease
		nact reison
	• •	
	Firm/Co	mpany
	1200 South Pine Island Road	
ř	Addr	ess
•	Plantation, Florida 33324	•
	City/State an	d Zip Code
	CT-statecommunciations@wolterskluwer	r.com
	E-mail address: (to be used for fu	iture annual report notification)
	,	,
For further info	remation concerning this matter places	eall.
	•	
•	•	
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a S	35.00 check made payable to the Depart	ment of State.
	Mailing Address:	Street Address:
		2661 Executive Center Circle
		Tallahassee, FL 32301

CR2E045 (03/82)

/13/2016   HISANS   AM FAUM - 10. COCCETACOCT	8506176380( 3/3	To:	M From:	AM	10:58:11	213/2015
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State of	_
<b>"</b>	•	
1. The name of the corporation: PLUMTREE HOLDINGS,		
2. The principal office address: 531 ESTATES PLACE LC	NGWOOD, FL 32119	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/02/2014	Document number: P14000096641	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigne	gent and registered office on file with the	
JIM SCHNORF		
531 ESTATES PLACE LONGWOOD, FL	. 32779	
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office	
C T Corporation System	<del></del>	
e/o C T Corporation System, 1200 South P	ine Island Road	
PO Doc NOT Plantation, Florida 33324	acceptable	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered age	ent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not		
Supplied of an officer or director	Donna Patricia Quinn. Director	_
I hereby accept the appointment as registered agent and further accept the appointment as registered agent and further accept to comply with the provisions of all statu performance of my duites, and I am familiar with and agent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in		ਰੀ
By: Signature of Registered Agent Jemby Uracl	12 August 2015	
If signing on behalf of an entity:		ယ
nifer Vincent		$\Xi$
Typed or Printed Name		-
MAKE CHECKS PAYABLE TO FLOR MAIL TO: DIVISION OF CORPORATIONS, P.C CR2E045 (03/12)	E: \$35.00 * * *  RIDA DEPARTMENT OF STATE  D. BOX 6327, TALLAHASSEE, FL 32314	<u> </u>

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