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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number

: (850)558-1515

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

REGISTERED AGENT CHANGE BURFORD'S TREE, INC.

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12/1/2010

CR2E045 (8/05)

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 Alabama in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: Burford's Tree, Inc.
2. The principal office address: 4230 Choctaw Trail, Anniston, AL 36206
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/15/2001 Document number: F01000005971
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324
Plantation, FL 33324 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Cotporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so utforized by the board or the corporation has been notified in writing of the change.
Dou L Rossen - Comprocuent Signature of an officer of director) Dou L Rossen - Comprocuent (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
Corporation Service Company By: (Signature of Registered Agent) (2 (1 Zot o Opate)
signing on behalf of an entity:
Sylvia Queppet, Asst. VP (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