1F97000006683

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



900345481249

06/01/20--01018--013 **35.00



Office Use Only





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: May 28, 2020

Order#: 301666-020

Re: LOST TREE CORP.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

20 July - 1 74 9: 2

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

statement of cha	nge is submitted for a corpore	02, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of Deli ce or registered agent, or both, in the State of Florid	aware
	the corporation: LOST TREE		н.
2. The principal	office address: c/o 40 West 5	57th Street, 24th Floor, New York, NY 10019	
2. The principal	office address.		
3. The mailing a	address (if different):		
4. Date of incoη	poration/qualification: Decem	nber 17, 1997 Document number: F970000066	83
5. The name and		registered agent and registered office on file with th	e
	C T Corporation System		
	1200 South Pine Island Roa	ad	20 3514-1
	Plantation	FL 33324	E.
6. The name and (if changed):	Corporation Service Compa	any	
	- Izo i ridyo dacar	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
as changed will	be identical.	i the street address of the business office of its reg	. •
Such change was authorized by the	as authorized by resolution du se board, or the corporation h	uly adopted by its board of directors or by an officency been notified in writing of the change.	er so
R-104	MI	R. Kirk Williamson Au	uthorized Agent
_	re of an officer or director	Printed or typed name and title	
I further agree of my duties, and document is being corporation has	to comply with the provisions ad I am familiar with and acc	ed agent and agree to act in this capacity. It is of all statutes relative to the proper and complet the ept the obligation of my position as registered ago thange in the registered office address, I hereby co his change.	ent. Or. if this
By: Lindrey M. Baronie		5/22/2020	
Lindsey M. Baron	nature of Registered Agent ue, Asst. Vice President	Date	
If signing on be	chalf of an entity:		
т	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

KS PAYABLE TO FLORIDA DEPARTMENT OF S