575400

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COVER LETTER

Division of Corporations
SUBJECT: PH Trees Inc Name of Corporation
DOCUMENT NUMBER: T 75 400
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:
Kenneth W M://er Name of Contact Person
PH Trees Inc Firm/Company
Po Box 17429 Address
Tampa FL 33682 City/State and Zip Code
Profhorte ad com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (8/3) 966-564/ Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
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

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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PH Trees, Inc.
2. The principal office address: 2533 N. Habana Pl
Tampa FL 33618
3. The mailing address (if different): PO Box 17429
Tampa FL 33682
4. Date of incorporation/qualification: 05/28/1987 Document number: T 75400
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Kenneth W. Miller
304 Hoffman Blod
-1 amp- FL 336/2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kenneth W. M://cr
2533 N. Habana Pl P.O. Box NOT acceptable
Tampe FL 33618
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Human W. Millor Signature of an officer or director Kenneth W. Millor Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Kunnet W. Will 1-5-16
Signature of Registered Agent Date If signing on behalf of an entity:
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 CR2E045 (03/12)