LU6 000054349

(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:						

Office Use Only





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07/25/22--01013--019 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations			•			
	Herrmann's Tree Service, LLC						
SUBJ	ECT:	Name of Limite	d Liability Company				
		rame or istime	a Blacking Company				
Dear !	Sir or Madam:						
The en	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for fili	ng.			
Please	return all correspondence concernir	ng this matter to	the following:				
Rita Fo	owler			, 52			
	Name of Person			022			
Fowler	-Corley & Associates			, ()	:		
	Firm/Company			`ci'			
5450 E	Bruce B Downs Blvd, #323			<i>.</i>			
	Address						
Wesley	Chapel, FL 33544						
	City/State and Zip Co	de					
s.herrn	nann@herrmannlandscaping.com						
	E-mail address: (to be used for future	annual report n	otification)				
For fu	rther information concerning this ma	atter, please call:					
Wren I	Herrmann	352	467-4387				
		at ()	<u> </u>			
	Name of Person		Area Code & Daytime T	elephone Number			
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
Division of Corporations			Division of Corporations				
	P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the follow	ving amount:					
	\$25 Filing Fee		\$55 Filing Fee & Certified C	opy			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

.	Herrmann's Tree Se			
. Na . (a)	ame of the limited liability company:		31131 Pas	co Rd San Antonio, FL 33576
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/18/2019	_	1.060000543	349
3. (a) (b)	Date of filing/registration in Florida Rita Fowler	4.		Document number
	Registered Agent and Registered Office shown on the records of th Fowler-Corley & Associates	22022		
	Registered Office Address 2114 Spring Lake Hwy	DDRE.	<u>SS)</u>	- C
	Brooksville 3 , FL	4602		•
	Rita Fowler Enter name of NEW Registered Agent and/or NEW Registered C	Office s	_ _ address:	2: 10
	Fowler-Corley & Associates			
	NEW Registered Office Address: 5450 Bruce B Downs Blvd. #323	-		
	Wesley Chapel 3	3544		_
iange gent v as/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	egiste oility of the li imited	red office an company, it is mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
ovisi e obl mere	by accept the appointment as registered agent and agrections of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	ertorn	nance of my a	duties, and I am familiar with and accep
ignalu	re of Registered Agent			