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(Document Number)				
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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CT: TREBOR LAND COMPANY	TREBOR LAND COMPANY LLC				
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Offic	e Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
BARB	ARA HUBBARD					
	Name of Person					
TREB	OR LAND COMPANY LLC					
	Firm/Company					
860 C	HERRY TREE RD					
	Address	·				
ST AU	JGUSTINE, FL 32086					
	City/State and Zip Code					
MAIN	HIGHC@GMAIL.COM					
Е	-mail address: (to be used for future ann	ual repo	rt notification)			
For fur	ther information concerning this matter,	please c	all:			
BARB	SARA HUBBARD	at (904-669-4339			
_	Name of Person	(Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee		S55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

. (a)		(b)	
. (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)
	2773 US 1 SOUTH BOX 3	27	73 US 1 SOUTH BOX 3
	SAINT AUGUSTINE, FL 32086	SA	INT AUGUSTINE, FL 32086
	01/16/2007	L07	000005488
·	Date of filing/registration in Florida	4.	Document number
. (a)	BENZENBERG, GREG		
. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	 20:
	2773 US 1 SOUTH BOX 3		23 E E E E E E E E E E E E E E E E E E E
	SAINT AUGUSTINEFI	32086	, FOR ARC 2023 JUL 20
			<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	AH 11: 2
	BARBARA HUBBARD		: 27
	NEW Registered Office Address:	· <u>·</u>	
	860 CHERRY TREE RD		
	SAINT AUGUSTINE	320	86_
he ch igent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	t the registere iability compared the limited limited liabi	and the business office of the registers and, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
4	CHAM SALAS	BARBA	ARA HUBBARD Printed or typed name of signee
provi: the of to me	with the statement of authorized chresh attive of a member show accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete by the proper and complete by the proper and complete by reflect a change in the registered agent as providerly reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered of the change in the registered of the change.	ree to act in t e performance ed for in Chaj hereby confu	this managing. I further caree to comply with th

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00