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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Banks Tree FARM LLC Name of Limited Liability Company							
Thanke of Emilied Endonly Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Daniel P Banks Name of Person							
BANKS TREE FARM LLC Firm/Company							
2071 Mohican Trail Address							
MaiHand FL 32751 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (407) 489 3458  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 \$\square\$ \$55 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.

	·	,	_		
l. Na	ime of the limited liability company: 1 and k5 T	Ree !	ARM	LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Maili	May f ng address of lim ote: MAY BE PO	nited liability o	ompany:
	WINTER PARK, FL 32792	WINTE	e PARI	K, A	32792
			00223		
3.	Date of filing/registration in Florida 4.	Do	cument numbe	ег	
5. (a)	Elmer G Banks				
• /	Registered Agent and Registered Office shown on the records of the Florida De	pt. of State:			
	1525 May Flower CourT				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	<u> </u>			<u>۔، ہے ،</u>	
				<u> </u>	ယ
	WINTER PARK FL 32:	79 <u>2</u>		<u>&gt;</u> 2.7	AR TI
(b)	Daniel P Banks			ASSEL FLORI	APR -4
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address	<u>s</u> :		## 1 ## 1	⊋ ਹ
	2071 Mohican TRail			_03.07 -1.5.1-1	5: 01
	NEW Registered Office Address:				<del></del>
	Maitland FL 327	<u></u>			
the cha agent w was/we	imited liability company is not organized under the laws of the Stange or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability compare authorized by an affirmative vote of the members of the limited eles of organization or the operating agreement of the limited liab	ed office and any, it is he I liability co ility compar	d the business reby confirme impany or as c ny.	office of the d that the clotherwise pr	e registered hange(s)
$\overline{}$	17 Back E.	S. B.	anks nted or typed nam		
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provision the obli to mere	by accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performancing igations of my position as registered agent as provided for in Charley reflect a change in the registered office address. I hereby confit in writing of this change.	this capacit e of my duti pter 605, F. rm that the	y. I further ag es, and I am fa S. Or, if this a limited liabili	gree to companiliar with document is ty company	ply with the and accept being filed has been

Signature of Registered Agent