

LO9000010347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

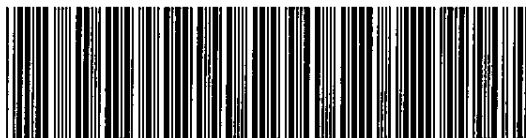
LO9-10347

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. ... APR 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUCCESS TREE LLC
(Name of Corporation)

DOCUMENT NUMBER: L09000010347

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:

AMOS ANDRE
(Name of Contact Person)

CONSULTANT EDUCATION TRAINING
(Firm/Company)

7350 LAKE WORHT RD
(Address)

LAKE WORHT, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

AMOS ANDRE at (561) 635 2292
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2009

AMOS ANDRE
CONSULTANT EDUCATION TRAINING
7350 LAKE WORTH ROAD
LAKE WORTH, FL 33467

SUBJECT: SUCCESS TREE, LLC
Ref. Number: L09000010347

We have received your document for SUCCESS TREE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 109A00008657

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: Success Tree, LLC
2. (a) Principal office address of limited liability company: 7350 Lake Worth Rd
Lake Worth, FL 33467
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 7350 Lake Worth Rd
Lake Worth, FL 33467
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 02/02/2009
4. Document number: 60900000347

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Amos Andrade
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00