L09000/09360

(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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THE ANG TO PM 2: SO

Ra Office Change

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D CUSHING

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	Eager Beaver Professional Tree Care, LLC						
30031,61.	Name of Limited Liability Company						
Dear Sir or I	Madam:						
The encloses	d Registered Agent/Registered Offic	e Change a	and fee(s) are submitted for filing.				
Please return	n all correspondence concerning this	matter to t	he following:				
Kerry Jaco	ques						
	Name of Person						
Eager Bea	aver Professional Tree Care, L	LC					
	Firm/Company						
4222 Sand	dy Bluff Drive E						
	Address						
Gulf Breez	ze, FL 32563						
	City/State and Zip Code						
eagerbeav	verprotreecare@gmail.com						
E-mail	address: (to be used for future annu-	al report no	tification)				
For further in	nformation concerning this matter, p	lease call:					
Kerry Jacq	ques	850 at (525-0731				
	Name of Person	_ ** (Area Code & Daytime Telephone Number				
STR	REET/COURIER ADDRESS:		MAILING ADDRESS:				
Registration Section Reg			egistration Section				
			Division of Corporations				
	on Building Executive Center Circle		P.O. Box 6327				
2001	Executive Cemer Circle		Fallahassee, Florida 32314				

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

THE AUG TO PH 2: 30

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

1.	Name of the limited liability company: Eager Beave	er Professi	onal Tre	ee Care, LLC		
2. (a		(b) _				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3,_	N	Mailing address of limited liabi		
	5205 Gulf Breeze Parkway	5	205 Gu	lf Breeze Parkway		
	Gulf Breeze, FL 32563		Sulf Bree	eze, FL 32563		···
	11/13/2009	LC	900010	9360		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	Kerry Jacques					
J. (Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State			
	Registered Office Address (MUST BE FLORIDA STREET) 5205 Gulf Breeze Parkway	ADDRESS)				
	Pensacola	32563				
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					Z,_
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	<u>is</u> :		9	55 54
					AUG	二字 19号
	NEW Registered Office Address:				<u>. </u>	52
	2170 Longleaf Drive					्र भ
					ι;	₹ 4 1 S
	Pensacola	32505			<u>အ</u>	Y OF STATE CORPORATIONS
the ch agent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register ability comport the limited the limited the limited to the limited the limite	ed office any, it is I liability	and the business office of hereby confirmed that the company or as otherwise	of the reg	istered
	Jaco	Kerry .	Jacques	3		
`	ature of a member or authorized representative of a member			Printed or typed name of sign		
provii the of to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I l ed in writing of this change.	ee to act in performanc d for in Cha hereby confi	this capa e of my d pter 605, rm that th	city. I further agree to c uties, and I am familiar y F.S. Or, if this documer he limited liability compo	omply wi with and it is being iny has b	th the accept g filed een
Signat	ure of Registered Agent					