

L09000112228

(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:

A. LUNT

JUL 28 2010

EXAMINER

Office Use Only



400183606734

07/27/10--01011--019 \*\*30.00

FILED  
2010 JUL 27 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Liberty Tree Consulting, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Stacy Snow Feller**

Name of Person

**Liberty Tree Consulting, LLC**

Firm/Company

**2108 HAYDON CT**

Address

**BRANDON FL 33511**

City/State and Zip Code

**stacy@libertytreeconsulting.com**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL 27 PM 2:50

FILED

For further information concerning this matter, please call:

**Stacy Snow Feller**

Name of Person

at ( **813** )

**787-1657**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

CK # 1051

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# 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: Liberty Tree Consulting, LLC

2. (a) Principal office address of limited liability company: 2106 HAYDON CT

☒ (Note: **MUST BE STREET ADDRESS**) BRANDON FL 33511

☐ (b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

3/22/2010

3. Date of filing/registration in Florida

L09000112228

4. Document number

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:

Stacy Snow Feller

**NEW** Registered Office Address:

2106 HAYDON CT

**(MUST BE FLORIDA STREET ADDRESS)**

FL 33511

BRANDON FL 33511

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 of a member or authorized representative of a member

Stacy Snow Feller

Printed or typed name of signer

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 of Registered Agent

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

FILING FEE: \$25.00