## 209000117480

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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TAIL AND SSEELE

## 

TO: Registration Section Division of Corporations	
TREE SPIRIT, LLC SUBJECT:	
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Blaine C. Dickenson, Esq.	
Name of Person	
Dickenson Law, P.A.	
Firm/Company	
4800 N. Federal Hwy., #E-100	
Address	<del></del>
Boca Raton, FL 33431	
City/State and Zip Code	<del></del>
bcd@dmrslaw.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Blaine C. Dickenson, Esq. 50	61 3911900 }
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite (10)
	Tallahassee, FL 32303
Enclosed is a check for the following amount	70 V 2
S25 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.

I. Na	ame of the limited liability company: TREE SPIRIT,	LLC		
2. (a)		(ት	o)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1437 SOUTH BOULDER SUITE 770		1437 SOU	TH BOULDER SUITE 770
	TULSA, OK 74119		TULSA, C	DK 74119
	12/10/2009		L09000117	480
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	David B. Dickenson			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	<del>-</del> e:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	-
	150 EAST PALMETTO PARK ROAD SUITE 500			
	BOCA RATON , I	FL_33432		_
(1.)	Blaine C. Dickenson, Esq.		•	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_
	NEW Registered Office Address:			-
	4800 N. Federal Hwy., #E-100			_
	Boca Raton , 1	FL_33431		
change agent v was/we the arti	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registere liability co s of the lim he limited l	ed office an impany, it is iited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	sture of a mergate or authorized representative of a member		_	Printed or typed name of signee NA Sen
I here provisi the obl to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my positivities registered agent as provid ely reflect a change higher registered office address, d in writing of this pringe.	gree to act e performe led for in C I hereby co	in this cape ance of my c Chapter 605 onfirm that	decity. I further agree to comply with the duties, and I am familiar with and accept in F.S. Or, if this doctorent is being filed, the limited liability company has been a liab
Signatu	ire of Registered			т ∞

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