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SWIMBON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard

lindsey.lockard@cscqlobal.com

Date: May 9, 2016

Order#: 114823/056

Re: TREEVIEW ASSOCIATES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N	Name of the limited liability company: TREEVIEW A	ASSOCIATES,	, LLC
2. (a	27771 Industrial Street	(b)	P.O. Box 366787
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bonita Springs FL 34135		Bonita Springs, FL 34136
	04/21/2010	<u>L</u>	.10000042746
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CorpDirect Agents, Inc		
J. (t	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:
	1200 South Pine Island Road		
1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
(b	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	1201 Hays Street		Y OF STATE
	NEW Registered Office Address:		DM)
	Tallahassee , I	FL 32301	
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the company of the com	of the register liability comp s of the limited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
- Cia	nature of a member or authorized representative of a member	Jill Cilmi, Authorized Person A member or authorized representative of a member Printed or typed name of signee	
I her provi the or	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provided by the proper and comple believed agent as provided by the proper and comple believed agent as provided by the proper and complex agent as provided by the proper and provided by the provided		this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
nouji 	stons of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, ed in writing of this change. Acceptage ture of Registered Agent Corporation Service Company		ce of my duties, and I am fa apter 605, F.S. Or, if this a firm that the limited liabilit cc E. Kirby, Asst. Vice P

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