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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SE ARBORICULTURE Name of Limited Liability Company	LL	<u>C</u>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this matter to the following:		
Eric William LaValle Name of Person		
SE ARBORICULTURE LLC Firm/Company		2013
2221 Williams RD Address		9 01 TITE E104
Tallahassee FL 32311 City/State and Zip Code	Volad Loui SIMIS B	4H 3: 40
Searboriculture egmail. Com E-mail address: (to be used for future annual report not deation)		
For further information concerning this matter, please call:		
Eric W La Valle at (850) 322-792 Name of Person Area Code & Daytime Telephone I	24 Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:		

Enclosed is a check for the following amount:

\$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

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: SE ARB	ORICULTURE LLC			
2. (a) Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	4021 Catawba St #B Tallahassee FL 32303			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4021 Catambe St #B Tallahassee FL 32303			
1/31/2012	L12000014605			
3. Date of filing/reg/stration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Eric W LaValle			
Registered Office Address:	4021 Catawba St #B Tallahassee FL 32303			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Eric W LaValle			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2221 Williams RD			
MCST BE TECKIDA STREET ADDRESS	Tallahassee FL 32311			
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mendadress, I hereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the provided in the articles of organization or			
Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registered Agent	ely reflect a change in the registered office has been notified in writing of this change.			

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