Division of Corporations Electronic Filing Cover Sheet

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	Division of Co.	rporations	2	_
	Fax Number	: (850)617-6383		
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From:		aunenezal'agu zua	_	
		: SUPERBIZ'.COM, INC.		iA
		: 120070000160 : (800)494-3124	:	رج ئئ
	Phone Fax Number	: (305)675-2811		•
*Enter the email annual repo:	rt mailings. Ent	is business entity to be used er only one email address ple	for fut	ur.

LLC REGISTERED AGENT CHANGE WILSON TREE SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

H17000325283 3

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	nne of the limited liability company: WILSON 1	TREE SE	ERVICE LLC
2. (a)	2528 JOHNSON AVENUE	(b)	2528 JOHNSON AVENUE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) JACKSONVILLE, FL 32207	(0).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) JACKSONVILLE, FL 32207
	UNDICONTILLE, 1 L'OLLO		
	JULY 19, 2012		L12000094124
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SUPERBIZ REGISTERED AGENT, INC.		
	Registered Agent and Registered Office shown on the records of Registered Office Address		····
	5647 110TH AVENUE N		-
	ROYAL PALM BEACH,FI	3341	11
(b)	ALTHERIA Y WILSON Enter name of NEW Registered Agent and/or NEW Registered	Office adde	· ·
	Partie limits of the state of t		······································
	NEW Registered Office Address:		
	2528 JOHNSON AVENUE		·-
	JACKSONVILLE FL	3220	207
the chagont was/w	limited liability company is not organized under the later ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livers authorized by an affirmative vote of the members included in the organization of the organization of the approximation of the same of a member of authorized representative of a member of a m	I the registi iability con of the limit : limited lia	stered office and the business office of the registered ampany, it is hereby confirmed that the change(s) inted liability company or as otherwise provided in
I here provise the obtainment of the color o	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I amount this change	rea to act i e performa ed for in Ci hereby con	in this sensein. I firsther arres to comply with the
Silmi	Division of Corporations • P.O.	Box 6327	7- Tallahassee, FL 32314

FILING FEE: \$25.00