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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: DED Tree Service LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
David Morrissette Name of Person			
DED Tree Service UC Firm/Company			
29626 State Rd 54 Address			
Wesley Chapel, FL 33543 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
David Morrissette at (813) 446-1766 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee \$\forall \$55 Filing Fee & Certified Copy			

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. Na	ime of the limited liability company: D&D Tree Ser	-vice LC
2. (a)	29626 State Rd 54 (b) 296	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1.10c) Ou Ou oo (C)	lau Chanal El
	wester craper, re wes	reg Craper, c
	33543	33543
•	02/07/2014 L14	000021416
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	David Koss	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	160/2 IWIN COURT	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	brooksville FL 34614	20
	\overline{Z} 1 \tilde{D} \tilde{D} .	ZOIS NOV
(b)	Drenda Morrissette	Ö —
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		3 E T
	NEW Registered Office Address:	
	29626 State Rd 54	· <u>·</u> · <u>· ·</u> 2
	Wesley Chapel FL 33543	
If the I	imited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the registered
was/w	ere authorized by an affirmative vote of the members of the limited liability	company or as otherwise provided in
the art	cles of organization or the operating agreement of the limited liability com	ipany.
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
I here	by accept the appointment as revistered agent and agree to act in this can	icity. I further garee to comply with the
provisi the obl to mer	ons of all statutes relative to the proper and complete performance of my of igations of my position as registered agent as provided for in Chapter 605 ly reflect a change in the registered office address, I hereby confirm that if I in writing of this change.	luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
B	renda Morrissette.	
Signatu	re of Registered Agent	