## L140000163307

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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DIVISION OF CORPORATIONS

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MAY ARR



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 656001 7542685						
AUTHORIZATION :						
COST LIMIT : 25.00						
ORDER DATE : May 3, 2022						
ORDER TIME : 2:30 PM						
ORDER NO. : 656001-020						
CUSTOMER NO: 7542685						
CHANGE OF AGENT						
NAME: GENE & LEE DOLLAR TREE, LLC						
TALLE. COND & DOD DOLLAR TROOP, DIC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER:

## 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	ame of the limited liability company:  GENE & LEE DO	DLLAR	TREE, LLC		
2. (a)	4000 Island Blvd		2687 Hillsman Street		
<b>-</b> . (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  #2904			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Aventura, FL 33180	_ _	Falls Chu	irch, VA 22043	
	April 17, 2014		L14000063	3307	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of t	he Florio	la Dept. of Stat	 e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	4010 Sheridan Street				
	Hollywood	33021	<u>-</u>	_	
	, FI.			_	
	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee	32301			
change agent v was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	register bility c f the lir	ed office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
,	/s/ Shari Comins Fishman	Sh	ari Comins F	Fishman, Manager	
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee	
provis. The obi To mer	by accept the appointment as registered agent and agre ions of all statues relative to the proper and complete p ligations of my position as registered agent as providea ely reflect a change in the registered office address, I h d	verforn.	ance of my o	duties, and I am familiar with and accept	
7	undrey M. Baronie				
-	rre of Registered Agent ry M. Baronic, Asst. Vice President on behalf of Corporation Servic	e Compa	iny		
	Division of Corporations P.O. B			ssee, FL 32314	

FILING FEE: \$25.00