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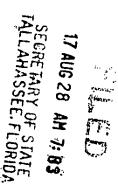
| (Reque | stor's Name) | |
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| (City/SI | tate/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
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| (Docum | nent Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filir | ng Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Experienced 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: |
| John R. Hatina SR. Name of Person |
| Experienced Tree Service, LLC Firm/Company |
| 4952 Reno DR. Address |
| Sarasota, FL. 34233-3925 City/State and Zip Code |
| Pioner joe @ qmail. Com E-mail address (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Sohn R. Hatina St. at (941) 927-2877 cell (941) 350-9706 Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 |

\$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

| I TOTTULE. | | | 1 _ | , |
|---|--|--------------------------|-----------------------------|-----------------------------------|
| 1. Name | of the limited liability company: | Experier | rced Tree S | Service, LLC |
| 2 (a) 40 | 952 Reno Dr., SM | RASOTA FL 34233 | (b) 4952 Reno DI | R. SARASOTA FL 34233- |
| 2. (u) | Principal office address of limited 1 | iability company; | Mailing addr | ess of limited liability company: |
| | (Note: MUST BE STREET. | <u>ADDRESS</u>) | (<u>Note: M.</u> | AY BE POST OFFICE BOX) |
| | • | | | , |
| | | | | |
| | | | | |
| | 7/28/14 | | 1 111 00000 | 2 (0 / 0 |
| 3. | Date of filing/registration i | - IIIida 4 | L1400008 | |
| 3. | Date of filing/registration i | n Florida 4. | Documen | tnumber |
| 5. (a) | | | | |
| _ | istered Agent and Registered Office sho | | • | _ |
| 4 | 952 Keno DR., S | ARASOTA, FL | 34233-392 | 5 |
| Reg | gistered Office Address MUST BE I | FLORIDA STREET ADDR | ESS) | |
| | 4952 RENO | DR. | | |
| | SARASOTA | 3 | 4233-3925 | • |
| *************************************** | 01141130111 | , FL | 1-22 3 123 | |
| (b) - J | John R. Hatima | SR. 4952 F | Reno Dr. SAR | 2ASOTA, FL 34233- |
| | er name of NEW Registered Agent and | | | ALL A |
| | | | | CRE A |
| | | | | SAT |
| NE. | W Registered Office Address: | | | SSE SSE |
| | 4952 Reno | De. | | 79 Z M |
| | 1 10 - 10 - | <u> </u> | | |
| | SARASOTA | _ 24 | -233-3925 | STATE LORIO |
| _ | | , FL | 7495- 5745 | |
| If the limite | ed liability company is not organ | ized under the laws of | the State of Florida, it is | hereby confirmed that after |
| the change | or changes are made, the Florida be identical. Or, in the case of a | street address of the re | egistered office and the b | usiness office of the registered |
| was/were a | uthorized by an affirmative vote | of the members of the | limited liability company | or as otherwise provided in |
| the articles | of organization or the operating | agreement of the limite | ed liability company. | · • |
| Jos | eph M. Hatur f a member or authorized representative | <u> </u> | Joseph W | L. HATIKA |
| Signature o | d a member or authorized representative | of a member | Printed or t | yped name of signee |
| I hereby ac | ecept the appointment as register | red agent and agree to | act in this capacity. I fu | ther agree to comply with the |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Revisitered Agent