L160000 80757

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
. (Business Entity Name)					
(Document Number)					
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07/05/16--01018--024 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ARBORTECH TREE EXPERTS, L	LC
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
RICHARD FULMER	
Name of Person	
ARBORTECH TREE EXPERTS, LLC	
Firm/Company	
7035 SR 21	
Address	
KEYSTONE HEIGHTS FL 32656	
City/State and Zip Code	
wildtreeco@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Richard Fulmer at (at (363-8973
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 amoun	nt:
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

TO:

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	ame of the limited liability company: ARBORTEC	H TREE	EXPERTS,	LLC	
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)	
	7035 SR 21		7035 SR 2	1	
	KEYSTONE HEIGHTS, FL 32656		KEYSTON	E HEIGHTS, FL 32656	
	04/25/2016		L16000080757		
3.	Date of filing/registration in Florida	4.	De	ocument number	
5. (a)	FULMER, RICHARD				
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:	FILING CANCELLE	
	10151 DEERWOOD PARK BLVD			RETURNED CHEC	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>:</u>	\ ~	
	BLDG 200 SUITE 250			1011)	
	JACKSONVILLE	32256)020	
	,·	L	/		
(b)	FULMER, RICHARD			Z_{\odot} .	
` .	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	lress:	<u> </u>	
	RICHARD FULMER			JUL -6	
	NEW Registered Office Address:				
	7035 SR 21				
	KEYSTONE HEIGHTS , F	32656		TALE ORIDA	
signa I here provise the oblito meronotifie	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members ides of organization or the operating agreement of the united land and a street of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the registered office address, if a member of this change.	of the regis liability co of the lim e limited I RIC	tered office as mpany, it is he ited liability c iability compa HARD FULI Pr	ond the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any. MER Tinted or typed name of signee Ity I further agree to comply with the	