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SECRETARY OF STATE

S Warren MAR 0 7 2017

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: South F	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Ticherd Manne of Person	Millsacs
South Florida Firm/Company	Tree Care
[00 N Federal Address	Huy Apt 1219
Fort Lauderdale City/State and Zip Co	FL 33301
Southfloridatree C E-mail address: (to be used for futur	e annual report notification)
For further information concerning this m	atter, please call:
Victory M Mill	Sarsi(843) 229-2311
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	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follo	wing amount:
\$25 Filing Fee	\$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.

1.10/140	
1. Na	me of the limited liability company: South Florida Tree Care
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33301 Fort Lauderdale, FL 3330
3.	11/18/2016 L16000Z1Z4Z3 Date of filing/registration in Florida 4. Document number
	Edward L Vitale
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100 N Federal Huy ART 1719 Fort Landardale, FL 33301 Tichard M Millsars Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 100 N Federal Huy ART 1719
	Tort Lauderdale FL 33301
the cha agent v was/we the art Signa I here	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00