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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Roberts Tree and Name of Limited	ard Soaping Service LLC d 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:
Robert Defilippo Name of Person	
Roberts Tree and Yardscaping Fry	i. CC
2381 Burns Ave Address	
Melbourne FL 72935 City/State and Zip Code	
Rober + DeFiliptod Valuo Com E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Rubert Defilippo at (7)2	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec; Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
S25 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.

Dobeite	5 Tree and Yardscaping Service LLC
1. Name of the limited liability company: RUIO 15	5 IVEC CITE YORASCAPINE SERVICE THE
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 2381 BUYNS AVE Melbowyne Fl. 72035	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2381 PUVNS Ave Melboume FL 32936
3. Date of filing/registration in Florida 5. (a) Selena C. Defilippo Registered Agent and Registered Office known on the recor 23 & Burns Ave Registered Office Address (MUST BE FLORIDA STR.)	
(b) Rubert Defilipu Enter name of NEW Registered Agent and/or NEW Registered Agent Agent and/or NEW Registered Office Address:	FL 3295
If the limited liability company is not organized under the change or changes are made, the Florida street addreagent will be identical. Or, in the case of a Florida limit	he laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s) pers of the limited liability company or as otherwise provided in of the limited liability company.
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as pro-	Printed or typed name of sighee d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ass, I hereby confirm that the limited liability company has been

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

Signature of Registered Agent