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(Red	questor's Name)				
(Add	(Address)				
(Address)					
(City	y/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Name)				
(Document Number)					
Certified Copies	_ Certificates of	Status			
Special Instructions to I					
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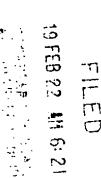
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Best Trees & Landscaping L	LC					
8000	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	iclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
Chac	l Stall						
	Name of Person						
Best	Trees & Landscaping LLC						
	Firm/Company						
4010	Shadowhill Lane						
	Address						
Valrio	co FI 33596						
	City/State and Zip Code	 					
	reesoftampabay@gmail.com						
H	-mail address: (to be used for future and	nual report notification)					
For fu	rther information concerning this matter,	please call:					
Chad	Stall	813 459-9770					
	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 amount:						
	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

◆ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability cosubmits the following statement in order to change its registered office or registered agent, or both, in the Stationida.

l. Na	mme of the limited liability company: Best Trees			
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	4010 Shadowhill Lane		4010 SI	hadowhill Lane
	Valrico,FI 33596		Valrico,	FI 33596
	1/28/19		L190000	028430
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
'. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	te:
	united states corporations agents, inc.			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	5)	
	13302 winding oak court suite a			*
	tampa , I	_L 33612		
				22 三
(b)	Enter name of NEW Registered Agent and/or NEW Register	1.6500		- = 0
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	<u>aress</u> :	് . ക്
	Chad Stall			22
	NEW Registered Office Address:			
	4010 Shadowhill Lane			_
	Valrico ,	_{-L} 33596		
	,	'L	 .	
he cha agent a was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability cos of the ling ne limited	stered offic ompany, it nited liabili	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob-	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, a fin friting of this change.	gree to ac te perform ded for in I hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and acce 5, F.S. Or, if this document is being filed t the limited liability company has been

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