

L190000 43761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

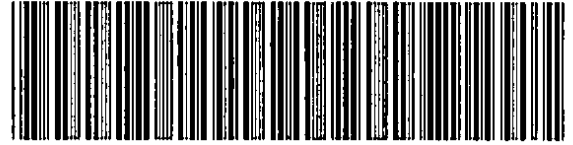
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10/30/2023

D CUCHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arborist Action Professional 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:

Andrew J. Pine
Name of Person

Arborist Action Professional Tree Service LLC
Firm/Company

39101 Langford Rd.
Address

New Smyrna Beach, FL 32168
City/State and Zip Code

arboristaction@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Bell (Secretary) at (305) 675-0321
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2020

ANDREW J PINE
ARBORIST ACTION PROFESSIONAL TREE SERVIC
3961 LANGFOR RD
NEW SMYRNA BEACH, FL 32168

SUBJECT: ARBORIST ACTION PROFESSIONAL TREE SERVICE LLC
Ref. Number: L19000043761

We have received your document for ARBORIST ACTION PROFESSIONAL TREE SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I'm sorry but you did not complete the form properly. If you are changing the information concerning the registered agent you must put the new information in 5(B).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 120A00019575

**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. Name of the limited liability company: Arborist Action Professional Tree Svc.

2. (a) 3961 Langford Rd.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) "Same as Principal"
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

New Smyrna Beach, FL 32168

3. 02/13/2019
Date of filing/registration in Florida

4. 619000043761
Document number

5. (a) Andrew Pine
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

520 Powers Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Port Orange FL 32129

(b) Andrew Pine
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3961 Langford Rd.
NEW Registered Office Address:

New Smyrna Beach FL 32168

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized 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 limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Andrew Pine
Printed or typed name of signer

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]
Signature of Registered Agent

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

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DIVISION OF CORPORATIONS
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