Division of Corporations

Florida Department of State



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To:

Olvision of Corporations : (850)617-6383 Fax Number

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE HIGH ALTITUDE ENVIRONMENTAL ARBORIST LLC

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K. SALY MAY 17 2024

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.

	ame of the limited liability company:		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/16/20		000024101
B.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the recordated W HOLLYWOOD BLVD. SUITE 415	rds of the Florida Dep	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	registered office runtess proof by I BONDA STR	<u> LLI ADDITION</u>	漫畫で
	HOLLYWOOD	. FL ³³⁰²¹	PICEL PARSEE FLORIDA
(b)	Registered Agents Inc		PH 2
(0)	Enter name of NEW Registered Agent and/or NEW Registered Agent	stered Office address	· 26
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	, FL 33702	
he cha agent v was/w	imited liability company is not organized under the same or changes are made, the Florida street addressible to identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of the florida factors.	ess of the registere ted liability compa pers of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s). I liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer natifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pried y reflect a change in the registered office address of this change.	nlete nerformance	e of my duties, and I am familiar with and accen
ins Da	David Roberts - Assist	ant Secretary	