L20 000104415

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
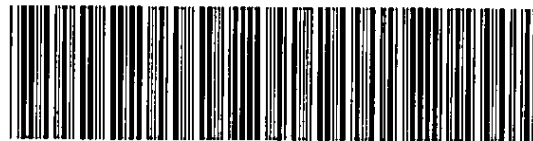(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __Family Tree and Tractor Services 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:

__Stephenie Cook__
Name of Person

__Family Tree and Tractor Services LLC__
Firm/Company

__25 Currant Ave__
Address

__Middleburg Florida 32068__
City/State and Zip Code

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

For further information concerning this matter, please call:

__Stephenie Cook__ at (__904__) __579-6530__
Name of Person   Area Code & Daytime Telephone Number

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 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: **Family Tree and Tractor Services LLC**

2. (a) **25 Currant Ave**
   Principal office address of limited liability company:
   (Note: MUST BE STREET ADDRESS)

   Middleburg FL 32068

   (b) **25 Currant Ave**
   Mailing address of limited liability company:
   (Note: MAY BE POST OFFICE BOX)

   Middleburg FL 32068

3. **April 16 2020**
   Date of filing/registration in Florida

4. **L20000104415**
   Document number

5. (a) **John D Dickerson Jr**
   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   25 Currant Ave
   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   Middleburg , FL **32068**

   (b) **Stephenie A Cook**
   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

   25 Currant Ave
   NEW Registered Office Address:

   Middleburg , FL **32068**

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.

Stephenie A Cook
Signature of a member or authorized representative of a member

Stephenie A Cook
Printed or typed name of signee

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.

Stephenie A Cook
Signature of Registered Agent

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