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(Requestor's Name)								
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COVER LETTER

TREE HOUSE MERCANTILE, LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	cr to the following:
CURTIS WRIGHT	
Name of Person	
TREE HOUSE MERCANTILE, LLC	
Firm/Company	
37750 FLORIDA AVE	
Address	
DADE CITY, FL 33525	en e
City/State and Zip Code	
TREEHOUSEMERCANTILE@GMAIL.COM	
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	call:
CURTIS WRIGHT	520 668-3061
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 amoun	nt:
■ \$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.	Na	me of the limited liability company: TREE HOUSE	MERCA	NT	ILE, LLC				
2.	(a)			(b))				
`	(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY		-	
		37834 MERIDIAN AVE			37750 FLO	ORIDA AVE			
		DADE CITY, FL 33525			DADE CITY, FL 33525				
		02/08/2021		1	.210000647	10			
3.		Date of filing/registration in Florida	4.	-	 :	Document n	umber		
5.	(a)	INC AUTHORITY RA							
(b)	(4)	Registered Agent and Registered Office shown on the records	of the Flo	rida	Dept. of State	- ::			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 390 NORTH ORANGE AVE., SUITE 2300							
		ORLANDO ,,1	FL_32801				£.*	2	
	(h)	CURTIS WRIGHT					TAIL.	7023 KAY -	²; ;
	(0,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•		<u>∹</u> ;		
									· •
		NEW Registered Office Address:			 		Ü	Ξĸ	i Piga Stanti Stanti
		37750 FLORIDA AVE					r	••	-n.
							(7.		
		DADE CITY , 1	33525 FL_	i					
cha age was the S I h pro the to r	inge ent we s/we arti- ignat erel- visie obli- nere	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the part of a member of all statutes relative to the proper and completing agreement as provided in the registered agent as provided to the proper and completing of the change in the registered office address, it is writing of this change.	he regist liability s of the l ne limite	erec cor limi d li	I office and npany, it is ted liability ability com	the business hereby confunction of the business of the busines	s office of irmed that as other as other and name of	f the rat the cowise p	egistered change(s) provided in
Sig	natui	re of Registered Agent							