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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE A-Z TREE AND LANDSCAPING LLC

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**LEB 0 5 5055** T. LEMIEUX

## 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

Principal office address of limited liabili (Note: MUST BE STREET ADD	• •	(b		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
8086 HECK Dr Lot 18			8086 H	ECK Dr Lot 18
NORTH FORT MYERS FI	33917		North Fo	rt Myers FI 33917
10/18/21			L2100	0452933
Date of filing/registration in Fl	orida 4	١.		Document number
ZENBUSINESS INC.				
Registered Agent and Registered Office shown of	on the records of the F	lorida	Dept. of State	:
336 E. COLLEGE AVE. SU	TE 301			
Registered Office Address (MUST BE FLO.	RIDA STREET ADDI	RESS	)	
			4	
TALLAHASSEE	, FL_32			<b>22</b>
Pagistered Agents Inc	, <sub>FL</sub> 32			22 F
	, FL_32	301		22 FEB
Registered Agents Inc	, FL_32	301		FILE
Registered Agents Inc	, FL_32	301		FILED
Registered Agents Inc Enter name of NEW Registered Agent and/or 7 7901 4th St N	, FL_32	301		FILE
Registered Agents Inc Enter name of NEW Registered Agent and/or 5 7901 4th St N NEW Registered Office Address:	, FL_32	301	dress:	FILED
Registered Agents Inc Enter name of NEW Registered Agent and/or 3 7901 4th St N NEW Registered Office Address: STE 300	FL 32  SEW Registered Offi  The description of the laws of the rida limited liabilities members of the rida liabilitie	702 of the regisity coe e limit	State of Flostered office ompany, it is ited liability	orida, it is hereby confirmed that after and the business office of the registe thereby confirmed that the change(see company or as otherwise provided)

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 provided in writing of this change. notified in writing of this change.

- Assistant Secretary Bill Havre

Signature of a member or authorized representative of a member

Signature of Registered Agent