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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

: (855)330-1010 Fax Number

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

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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.

a)	7901 4th St N		(b	, <mark>7901 4</mark> th	StN	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				iling address of limited liability (<u>Note: MAY BE POST OFFICE</u>	
	STE 300			STE 300)	
	St. Petersburg FL 33702			St. Peters	burg FL 33702	
	02/11/22			L22000	071524	
	Date of filing/registration in Florida	4.		D	ocument number	
(a)	CHOZEBA C JACKSON					
	Registered Agent and Registered Office shown on the records of	Dept. of State:				
	3513 POTTER STREET			<u></u>	7	3
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	: <u>\$\$</u>	1	اسار المراجع	<u> </u>
						1
	Tampa, F	336	05	<u> </u>	<u>ن بران .</u> ماران الماران	79
b)	Registered Agents Inc.				ALLAHASSEE TLORIDA	1000 HAR -3 PH 4: 59
<i>U</i>)	Enter name of NEW Registered Agent and/or NEW Registere	Office	ad	dress:	5-	Ç.
	7901 4th St N					
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·		
	STE 300					
	St. Petersburg	337	02	2		
	, ,	·				
	STE 300	337	02	2		

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.

Printed or typed name of signee

Bill Havre - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent