

L22000294551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
STATE CORPORATION DIVISION
2023 MAY 30 PM 3:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arborist Pros Tree Service 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:

Kevin Chambers
Name of Person

Arborist Pros Tree Service LLC
Firm/Company

3425 Saltce Cir
Address

Ormond Beach FL 32174
City/State and Zip Code

Arborist Pros2022@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Chambers at (386) 414-6690
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Arboret Pross Tree Service LLC

2. (a) 3425 Sultee Cir Ormond Beach FL 32174 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 5/26/2023 Date of filing/registration in Florida 4. L220000294551 Document number

5. (a) Inc Authority RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 North Orange Ave., Suite 2300-N
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32801

(b) Teri Mudrinich
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3425 Sultee Cir
NEW Registered Office Address:

Ormond Beach, FL 32174

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.

[Signature]
Signature of a member or authorized representative of a member

Kevin Chambers
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 MAY 30 PM 3:22