

L23000137291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

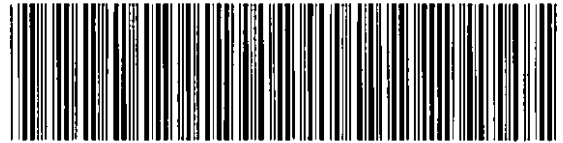
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP -6 PM 12:40  
DIVISION OF CORP. ADMIN.  
CLERK OF SUPERIOR COURT

RECEIVED  
29/06/23

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Arbor-Tech 904 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:

Matthew Baker  
Name of Person

Arbor-Tech 904 LLC  
Firm/Company

11732 Habroso Lane  
Address

Jacksonville, FL 32258  
City/State and Zip Code

arbortech904@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Baker at 904 500-8733  
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

2023 SEP -6 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**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: Arbor-Tech 904 LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address/registration of limited liability company:

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

Mailing address of limited liability company:

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

11732 Habroso Ln  
Jacksonville, FL 32258

11732 Habroso Lane  
Jacksonville, FL 32258

3-17-2023

L23000137291

3. Date of filing/registration in Florida

4. Document number

5. (a) Mary Jackson  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11732 Habroso Lane  
Jacksonville, FL FL 32258

(b) ~~Matthew Baker~~ Matthew Baker  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Matthew Baker  
**NEW Registered Office Address:**  
3631 Mandarin Wood Dr. N  
Jacksonville, FL 32223

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.

Matthew Baker  
Signature of a member or authorized representative of a member

Matthew Baker  
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.*

Matthew Baker  
Signature of Registered Agent

2023 SEP -6 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL