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2021-COT 28 1/1 9: 32

COVER LETTER

TO: Registration Section Division of Corporations	S	
BANYAN TR SUBJECT:	REE RETREATS, LLC	
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/F	Registered Office Change at	nd fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to th	ne following:
Michael R. King		
Name of	f Person	
Banyan Tree Retreats, LLC		
Firm/Co	mpany	
1315 SW Robys Way		
Addre	ss	
Palm City, FL 34990		:-
City/State a	nd Zip Code	
mikeking9494@gmail.com		,•
E-mail address: (to be used	for future annual report no	tification)
For further information concerning	ng this matter, please call:	
Michael R. King	910 at (574 - 4367
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporatio 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

TO:

- 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: BANYAN TR	REE I	RE	ETREATS, LL	C
2.	(a)	5159 SE Jack Ave	((b)	1315 SW Ro	obys Way
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,		Ma	tiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Stuart, FL 34997			Palm City, F	L 34990
		03 January 2024]	1.2400002164	7
3.		Date of filing/registration in Florida	4.		D	ocument number
5.	(a)	Michael R. King				
		Registered Agent and Registered Office shown on the records of the	Floric	da I	Dept. of State:	
		5159 Jack Ave				
		Registered Office Address (MUST BE FLORIDA STREET ADD	DRES	<u>SS)</u>	<u>l</u>	
	(b)	FL	1997			2071-COT 2-8
	(U)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	fice a	dd	lress:	
		1315 SW Robys Way				1.1. 9. 32 2. 32
		NEW Registered Office Address:				•
		Palm City , FL_3	14990)		
cha age wa:	nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the regrill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited liability.	gister ity c he lir	red on mit	d office and t npany, it is h ted liability o	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in
		Michael King				Michael R. King
S	ignat	are of a member or authorized representative of a member			P	rinted or typed name of signee
pro the to t	visio obli nere	y accept the appointment as registered agent and agree tons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for ly reflect a change in the registered office address, I here in writing of this thange.	to ac form or in eby c	t i tar Ch tor	in this capaci nce of my du hapter 605, F nfirm that the	ty. I further agree to comply with the lies, and I am familiar with and accept S.S. Or, if this document is being filed a limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent