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| (Requestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
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| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: | NATHAN'S TREES LLC | | | | | | | |
|----------------------|---------------------------------------|--------------|--|--|--|--|--|--|
| | Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madan | n: | | | | | | | |
| The enclosed Regi | stered Agent/Registered Office Ch | ange and fe | ee(s) are submitted for filing. | | | | | |
| Please return all co | orrespondence concerning this matt | er to the fo | llowing: | | | | | |
| Michael Serrano | | | | | | | | |
| | Name of Person | | _ | | | | | |
| ZenBusiness Inc. | | | | | | | | |
| | Firm/Company | | - | | | | | |
| 336 E. College Ave. | Suite 301 | | | | | | | |
| | Address | | _ | | | | | |
| Fallahassee, FL 3230 | 01 | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| ra@zenbusiness.cor | n | | | | | | | |
| E-mail addres | ss: (to be used for future annual rep | ort notifica | ation) | | | | | |
| For further informa | ation concerning this matter, please | call: | | | | | | |
| Michael Serrano | at (| 844 | 493-6249 | | | | | |
| Na | ime of Person | | Area Code & Daytime Telephone Number | | | | | |
| Division of P.O. Box | on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Enclosed i | s a check for the following amou | nt: | | | | | | |
| ■ \$25 Fili | ng 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. N | ame of the limited liability company: NATH | AN'S | TREES | LLC | | |
|--|---|--|--|--|--|--|
| 2. (a) | 11202 MARLBOROUGH DRIVE | (b) 10833 HUSTON LANE | | | | |
| 2 . (4) | Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | SEFFNER, FL 33584 | _ | LARGO, FL 33774 | | | |
| | 05/21/2024 | - - I | L24000236238 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | MARAIA, NATHAN | | | | | |
| J. (a | Registered Office Address (MUST 8E FLORIDA STREET ADDR | - | | | | |
| | 10833 HUSTON LANE | | | | | |
| | Registered Office Address (ST BE FLORIDA STREET ADDRESS | - | | | | |
| (b) | LARGO FL | 33774 | | 202 4 | | |
| | ZenBusiness Inc | | | FILED 2024 JUN 26 AM IO: 43 TÄLLÄHÄSSEE, FLORIO | | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | |
| | 336 E. College Ave. Suite 301 | | | | | |
| | NEW Registered Office Address: | | | MID: 13 | | |
| | Tallahassee . FL | 3230 | | • | | |
| change agent was/w the art | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liability. | registered bility con f the limit | office and pany, it is ed liability | If the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. | | |
| /s/ Nathan Maraia Signature of a member or authorized representative of a member | | | | Nathan Maraia Printed or typed name of signee | | |
| I here provis the ob to mer notifie | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he | ve to act i performan for in Ch ereby con | n this capa ice of my a iapter 605, firm that t | with I further agree to comply with the | | |