

M D10000002018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

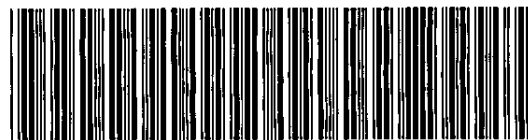
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700269839507

FILED

RECEIVED
2015 MAY 13 AM 9:12 DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
MAY 13 AM 10:56

MAY 14 2014

G. CARROTHERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 589007 7608548

AUTHORIZATION

Lydia Cohen

COST LIMIT : \$ 25.00

ORDER DATE : April 14, 2015

ORDER TIME : 8:15 AM

ORDER NO. : 589007-010

CUSTOMER NO: 7608548

CHANGE OF AGENT

NAME: ARBORIS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS: _____

**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: ARBORIS, LLC

2. (a) 1101 WEST LATHROP AVENUE

(b) P.O. BOX 2008

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

GATE 16

SAVANNAH, GA 31415

SAVANNAH, GA 31402

08/31/2001

M01000002018

3. Date of filing/registration in Florida

4. Document number

5. (a) CONTEGA BUSINESS SERVICES, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ONE INDEPENDENT DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 1200

JACKSONVILLE, FL 32202

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Jeanne D. Anderson
Signature of a member or authorized representative of a member

JEANNE ANDERSON

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.

Lydia Cohen
Signature of Registered Agent Corporation Service Company BY:

Lydia Cohen
Asst. Vice President

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

FILED
2018 MAY 13 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA