## M15000000886

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



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S. CHATHAM







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 08/16	6/2023		
Name:	Marcel		
Reference #:	2092135		
Entity Name:	TREES	SAP FARMS, LLC	
☐ Articles of In☐ Amendment	,	ion to Transact Business	
	Agent		
Reinstateme	ent		
Conversion			
☐ Merger			
☐ Dissolution∧	Withdrawal		
☐ Fictitious Na	ime		
Other	u-		
Authorized Amount	:: \$25.00 ! Tox col og konner:		
olynature		<u>-</u>	

F: 800.944.6607

## 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.

(a) <sub>-</sub>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	January 27, 2015		M15000000886
	Date of filing/registration in Florida	4.	Document number
(a)	FUSCO, JERRY, CONTROLLER		
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:
	17116 HWY 441 N		
	Registered Office Address	T ADDRESS)	 !
	CANAL POINT	33438	
(b)	COGENCY GLOBAL INC.		2023 NUS 16
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	
	115 North Calhoun St., Suite 4		11: 24
	NEW Registered Office Address:		
	Tallahassee	 n: 32301	
	Tallahassee	<sub>FL</sub> 32301	

/s/ Jonathan Saperstein

Signature of a member or authorized representative of a member

Jonathan Saperstein

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.

/s/ Michael Carlisle

Signature of Registered Agent