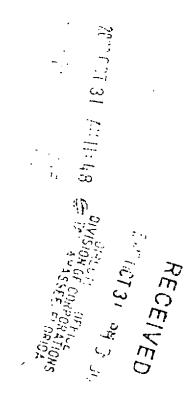
M1700000 2838

(R	equestor's Name)	
(A	(ddress)	
(A	(ddress)	
	Shulchala Cia Chana H	
(C	city/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
	Ocument Number)	
Certified Copies	Certificates of	Status
	-	
Special Instructions to Fi	ling Officer:	





400418013394



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 084532 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: October 23, 2023 ORDER TIME: 1:36 PM ORDER NO. : 084532-133 CUSTOMER NO: 8429361 CHANGE OF AGENT NAME: NELSON TREE SERVICE, LLC

PLEASE	RETURN	THE	FOLLOW	ING	AS	PROOF	OF	FILING:	
XX	CERTIF PLAIN	-	COPY MPED COI	PΥ					
CONTACT	PERSON	J: E	Eyliena	Bal	cer				
					EXA	MINER'	'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.

١.	Na	me of the limited liability company: NELSON TREE S	SERVIC	CE	, LLC	
2.		708 BLAIR MILL RD			708 BLAIR	R MILL RD
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		WILLOW GROVE, PA 19090	- -	-	WILLOW G	SROVE, PA 19090
		04/03/2017		_ N	M17000002	838
3.		Date of filing/registration in Florida	4.		ľ	Document number
5.	(a)	C T CORPORATION SYSTEM				
	` ´	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AL			Pept, of State:	-
		1200 SOUTH PINE ISLAND ROAD				
			3324			(·, 5)
	(b) .	Enter name of NEW Registered Agent and/or NEW Registered O Corporation Service Company	Office ad	dr	<u>ess</u> :	EN 31 PHH 8
		NEW Registered Office Address:				<u> </u>
		1201 Hays Street				
		FL	2301			
cha age was	nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the resill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of these of organization or the operating agreement of the line.	egistere ility co the lim	ed m tite	office and pany, it is he ad liability of	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
		Xel & GOne	JILL	_ (CILMI, AUTI	HORIZED PERSON
S	ignati	ere of a member or authorized representative of a member			j	Printed or typed name of signee
pro the to n	visic obli nere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address. I here in writing of this change.	to act erforma for in C reby co	in and The Ony	this capac ce of my du apter 605, i firm that the	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Sig	natur	c of Registered Agent				