M17000004867

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

	ACCOUNT NO.	:	I2000000	195		
	REFERENCE	:	084532	8429361		
	AUTHORIZATION	:	11	1		
	COST LIMIT	:	\$ 25700	dens		
ORDER DATE :	October 23, 2023					
ORDER TIME :	1:38 PM					
ORDER NO. :	084532-267				. ~	
CUSTOMER NO:	8429361				· 3	
		<u> </u>			۱ - ــدــــــــــــــــــــــــــــــــــ	
	· ·	E1:21.3				
NAME:	TREES, LLC					
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:		
CERTIF	FIED COPY					
CONTACT PERSON	N: Eyliena Baker					

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.	Na	ame of the limited liability company: TREES, LLC	_				
2.	(a)	708 BLAIR MILL ROAD	708 BLAIR MILL ROAD				
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,		Mailing address of limited (Note: MAY BE POS	-	
		WILLOW GROVE, PA 19090	_	WILLOW	GROVE, PA 19090		
				<u></u>			
		06/07/2017		M1700000)4867		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T CORPORATION SYSTEM					
-		Registered Agent and Registered Office shown on the records of the	-				
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>5)</u>	_		
		PLANTATION	33324		_		
		, FL_		<u></u>	_		
	(b)					20 20	
	` /	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	- -	ر - '	
		Compartion Service Company			• • •		
		Corporation Service Company			- <u>-</u> .	<u> </u>	1
		NEW Registered Office Address:				. 0	
		1201 Hays Street			-	:Zi zd	,
		Tallahassee	22201		_ ***	- 9	
		. FL	32301		_	_	
cha age wa	ange ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	registero pility co the lim	ed office and impany, it is ited liability	d the business office s hereby confirmed the y company or as other	of the ratifie i	registered change(s)
		Xel E. Where	JILL	CILMI, AU	THORIZED PERSOI		
	_	ure of a member or authorized representative of a member			Printed or typed name o	•	
pro the to i	ovisie obli mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act performa for in C ereby co	in this cape mee of my c hapter 605 infirm that i	icity. I further agree hities, and I am fami , F.S. Or, if this doc the limited liability co	to con liar wii ument i ompany	iply with the in and accept is being filed is has been
Šig	natui	Mc C T W O Legent Per of Registered Agent					