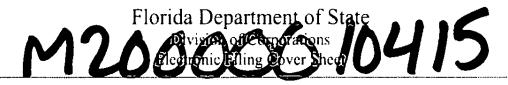
10/23/24, 9:50 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

E41	Address:			
emall.	Address:			

## LLC REGISTERED AGENT CHANGE TREEHOUSE ARBOR KEYS, LLC

Certificate of Status	0
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Page Count	01
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## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	Treehouse Arbor Keys, LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of I	imited Li	ability Company
Dear Sir or M	-fadam:		
The enclosed	d Registered Agent/Registered Office Ch	ange and	fee(s) are submitted for filing.
Please return	all correspondence concerning this matt	ter to the f	following:
Mary Castillo	o		
	Name of Person		<del>-</del>
Registered Ag	gent Solutions, Inc.		
***************************************	Firm/Company		
Corporate Cer	nter One, 5301 Southwest Pkwy, Ste 400		
	Address		_
Austin, TX 78	3735		_
	City/State and Zip Code		
E-mail	address: (to be used for future annual rep	oort notific	cation)
For further in	nformation concerning this matter, please	call:	
Mary Castillo	at (	888	705-7274
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the following amou	nt:	
□ \$2	25 Filing Fee	<b>\$</b> 5	5 Filing Fee & Certified Copy
INHS18 (2/14)	)		

## 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	Same of the limited liability company: Treehouse Arbo	r Key	/s. l	LLC				
2. (a)	251 LITTLE FALLS DR		()	251 LITT	LE FALLS	S DR		
=. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,,		-	tress of limited liabi	•	
	WILMINGTON, DE 19808	_		WILMING	STON, DE	19808		
	11/16/2020	<del></del>		M2000001	0415			
3.	Date of filing/registration in Florida	4.			Documer	nt number		
5. (a	CORPORATION SERVICE COMPANY							
	Registered Agent and Registered Office shown on the records of	the Flo	nrida	Dept. of State	e:			
	1201 HAYS STREET	40.00	ree		<del>.</del>			
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 100K</u>	<u> 1533</u>	<u>u</u>				
	TALLAHASSEE, FL	3230	)1-2	2525	-			
(b)	Registered Agent Solutions, Inc.				_	<u> </u>	2824 OCT 29	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	e ad	<u>dress</u> :		12 PM	CT	نز ۳۱. ۳
	2894 Remington Green Ln.					接受		
	NEW Registered Office Address:			<del></del>	_		3	) היכט
	Ste. A			-	_	第2 第2	2: L3	
	Tallahassee FL	3230	)8		-	į n	ယ	
chang agent was/w	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 lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regis bility f the	tere / co lim	d office and mpany, it is ited liability	d the busing hereby c y company	ness office of the onfirmed that the	e regis e chan	tered ge(s)
18/	Benjamin Jones		Ben	jamin Jones	S	Manager		
_	ature of a member or authorized representative of a member	_				typed name of sign		
provis the ob- to mer	eby accept the appointment as registered agent and agre tions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I he d'in writing of this change.	ee to perfo l for i ereb	act rma in C v co	in this capa ince of my a chapter 605 infirm that t	acity. I fu luties, and , F.S. Or, he limited	rther agree to co d I am familiar v if this documen I liability compa	omply with an t is bei ny has	with the d accept ing filed been

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent