Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000126775 3)))



H210001267753ABC+

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To:

Division of Corporations

Fax Number : (850)617-6380

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. **

Email Address:	
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REGISTERED AGENT CHANGE TREE FARM MASTER ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Tree Farm Maste	r Association, Inc.			
Name of Corporation				
DOCUMENT NUMBER: N200000	04865			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Mary Castillo				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
1701 Directors Blvd. Suite 300				
Address				
Austin, Texas 78744				
City/State and Zip Code				
cłockwood@brookline	development.com			
E-mail address: (to be used for future annua	l report notification)			
For further information concerning this matter, p	please call:			
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Department of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617 inge is submitted for a corporation o				
	r to change its registered office or re				_
l. The name of t	the corporation: Tree Farm Mas	ster Association	, Inc.		
	office address: C/O THE BROC				<u> </u>
	TH ST. N., BUILDING 10, SUI			3760	_
3. The mailing a	address (if different):				
4. Date of incon	poration/qualification: 5/5/2020	Document	number: N2000	00004865	
	I street address of the current register rtment of State: (If resigned, enter res	-	ed office on file w	vith the	
	YEOMANS, WILLIAM	1 B, JR			
C/O THE BROOKLINE COMPANIES, LLC 13920 58TH ST. N., BUILDING 10, SUITE 1014					
	CLEARWATER,	FL	33760	· · · · · · · · · · · · · · · · · ·	2021
6. The name and (if changed):	I street address of the new registered Registered Agent Solu		nd/or registered o	ffice	7071 HIR 30 Pi
	155 Office Plaza Dr.	Suite A		_	PH 12: 5
		O. Box NOT acceptable		•	59
	Tallahassee	FL 3230	11		
The street address changed will	ess of its registered office and the st be identical.	reet address of the b	usiness office of	its registered age	a t,
Such change wa authorized by th	as authorized by resolution duly add the board, or the corporation has bee	opted by its board of in notified in writing	directors or by ar of the change.	n officer so	
	W/X		eomans, Jr.	Manager	_
•	the appointment as registered ager to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is to been notified in writing of this cha		ited or typed name and this capacity, he proper and co sition as register ce address, I hero		ice his he
Hod	nature of Registered Agent	01/25/202	1		
Sig	nature of Registered Agent		Date		_
If signing on be	half of an entity:				
	Assistant Secretary				
Т	yped or Printed Name				