## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:

## REGISTERED AGENT CHANGE TREEOLOGY, INC.

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C. GOLDEN

NOV - 7 2018

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

statement of che	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of			-
1. The name of	the corporation: Treeology. Inc.				
2. The principal	office address: 3004 CAROLINA AVENU	JE			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 12/17/2003	Document number: P03000	152788		
	d street address of the current registered a rtment of State: (If resigned, enter resigne	•	vith the		
	RADEBAUGH, MARNIE L		_		
	3004 CAROLINA AVENUE		-4th	201	
	CLEARWATER, FL 33759		ALC	- AON 8102	77
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered o	ARESSE AHESSE	/ -6 AM	
	Northwest Registered Agent, LLC.			9	O
	3030 N. Rocky Point Dr. STE 150A			+	
	P.O. Box NOT Tampa FL 33607	acceptable			
	· · · · · · · · · · · · · · · · · · ·		-	_	
The street address changed will	ess of its registered office and the street a libe identical.	address of the business office of i	ts registe	red age	int,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an tified in writing of the change.	officer s	0	
Marnie Radebaugh Marnie Radebaugh, CEO				_	
I further agree performance of agent. Or, if th	are of an officer of director  I the appointment as registered agent and to comply with the provisions of all state of my duties, and I am familiar with and a sis document is being filed merely to reflect the corporation has been notified in	utes relative to the proper and cor ecept the obligation of my positio ect a change in the registered offi	nnlete	stered ss, I	
lon	Glove	11/6/2018			
_	annuare of Registered Agent	Date			-
	chalf of an entity:				
Tom Glove	yped or Printed Name				
·	* * * FILING FE	E: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)