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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \(\frac{\frac{1}{2000}}{\frac{1}{2000}}\) in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Cything Edge Tree Services, DNC
2. The principal office address: PO BOX 5105354
Pineaest, Fl 33254
3. The mailing address (if different):
011-
4. Date of incorporation/qualification: SUTOUS Document number: PO PUOO (23
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
De bear Schnartzman
1771 NW 104 Ave
Plantatur Il 33322 USA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ellen Kosenzweig 5975 SW124957
(P.O. Box NOT acceptable) Prove cust Feb. 33156
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of sp officer or director) Ellen Rosenzwerg Ples. (Printed or typed name and trye)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registofed Agent) 12/4/06 (Date)
v
If signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *