P14000072927

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Lion'S Tree Name of Co	rporation
DOCUMENT NUMBER: P14/0006729	27 28 5 7
The enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing
Please return all correspondence concerning this matter	Agent and fee are submitted for filing to the following:
JASON Ruiz Name of Cont	
The Lion's Tre	ee, Inc,
750 Blue Ric	
Davie, FL City/State and	33325 d Zip Code
info @ thelionstre E-mail address: (to be used for fu	e. (0) ture annual report notification)
For further information concerning this matter, please c	all:
Jason Ruiz	305 \ 999-7847
Name of Contact Person	at (305) 999-7847 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departs	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
i alialiassee, i E 32314	Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of Florice
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Lion'S Tree, Inc.
2. The principal office address: 750 Blue Ridge Way Davie, FL 33325
3. The mailing address (if different):
4. Date of incorporation/qualification: Sept. 3rd, 2014 Document number: P14000072927
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Jason Ruiz
9550 NW 79th Avenue 200 70 17
Hickerh, FL 33016
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
750 Blue Ridge Way Davie, FL 33325
P.O. Box NOT acceptable
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 an officer or director Signature of an officer or director Printed or typed name and title
I kereby accept the appointment as registered agent and agree to act in this capacity. If the 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 Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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

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