

P99000035263

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DIVISION OF CORPORATIONS
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① 9/19/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREE INTEGRITYS, INC
(Name of Corporation)

DOCUMENT NUMBER: P99000035263

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER M ACREE, IV
(Name of Contact Person)

TREE INTEGRITYS, INC
(Firm/Company)

149 NW 41ST WAY
(Address)

DEERFIELD BEACH, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

SHELD A BANNON at (561) 573-9911
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2008

WALTER M. ACREE, IV
TREE INEGRITYS, INC.
149 NW 41ST WAY
DEERFIELD BEACH, FL 33443

SUBJECT: TREE INTEGRITYS, INC.
Ref. Number: P99000035263

We have received your document for TREE INTEGRITYS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 008A00046203

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2008 SEP 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TREE INTEGRITYS, INC.

2. The principal office address: 149 NW 41ST WAY

DEERFIELD BEACH, FL 33442

3. The mailing address (if different): 165 NW 41ST WAY (BEING CHANGED WITH THIS DOCUMENT)

DEERFIELD BEACH, FL 33442

4. Date of incorporation/qualification: 04/16/1999 Document number: O99000035263

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WALTER M ACREE, IV

149 NW 41ST WAY

DEERFIELD BEACH, FL 33442

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Walter M. Acree IV

1030 S FEDERAL HWY STE 117

(P.O. Box NOT acceptable)

DELRAY BEACH, FL 33483

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.

* Walter M. Acree IV
(Signature of an officer or director)

WALTER M ACREE, IV

(Printed or typed name and title)

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.

Walter M. Acree IV
(Signature of Registered Agent)

9-18-08
(Date)

If signing on behalf of an entity:

WALTER M. ACREE IV
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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