	ing Address.			
P.O. BOX 13	87 EACH, FL 33425 US			
BOTINIONE	EACH, FL 33423 03			
FEI Number: 59-2384451			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
HODGES, WILL 7089 HEMSTRE WEST PALM BE				
The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flor	ida.
	entity submits this statement for the purpose of changing its regis : WILLIAM HODGES	stered office or regis	tered agent, or both, in the State of Flor	^{ida.} 03/18/2020
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stered office or regis	tered agent, or both, in the State of Flor	
	: WILLIAM HODGES Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flor	03/18/2020
SIGNATURE	: WILLIAM HODGES Electronic Signature of Registered Agent	stered office or regiss	tered agent, or both, in the State of Flor	03/18/2020
SIGNATURE	: WILLIAM HODGES Electronic Signature of Registered Agent			03/18/2020
SIGNATURE Officer/Direc	: WILLIAM HODGES Electronic Signature of Registered Agent	Title	SECRETARY	03/18/2020
SIGNATURE Officer/Direc Title Name	: WILLIAM HODGES Electronic Signature of Registered Agent Ctor Detail : P HODGES, WILLIAM D 7089 HEMSTREET PLACE	Title Name	SECRETARY HODGES, ZACHARIAH D 7089 HEMSTREET PLACE	03/18/2020 Date
SIGNATURE Officer/Direc Title Name Address	: WILLIAM HODGES Electronic Signature of Registered Agent Ctor Detail : P HODGES, WILLIAM D 7089 HEMSTREET PLACE	Title Name Address	SECRETARY HODGES, ZACHARIAH D 7089 HEMSTREET PLACE	03/18/2020 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZACHARIAH HODGES

Electronic Signature of Signing Officer/Director Detail

SECRETARY

03/18/2020

Date

FILED Mar 18, 2020 **Secretary of State** 0566230405CC

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42744

Entity Name: ARBOR TREE AND LAND, INC.

Current Principal Place of Business:

7089 HEMSTREET PLACE WEST PALM BEACH, FL 33413

Current Mailing Address: