## L11000 082 761

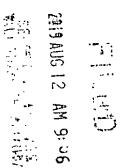
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	DALE COMPLETE LANDSCAPING, LLC							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	s matter to the	following:					
Geof	frey S. Dale							
	Name of Person		_					
Dale	Complete Landscaping, LLC							
	Firm/Company		<del>_</del>					
5730	8th Street							
	Address		<del></del>					
Zeph	yrhills, Florida 33542-3707							
	City/State and Zip Code							
daled	completelandscaping@gmail.com							
I	E-mail address: (to be used for future ann	ual report notif	ication)					
For fu	rther information concerning this matter.	please call:						
Geoff	frey S. Dale	813	479-8284					
	Name of Person	— <del>\</del>	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.e	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:								
	<b>☑</b> \$25 Filing Fee	<b>-</b> \$	55 Filing Fee & Certified Copy					
INHST	8 (2/14)							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Dale Complete	te Land	scaping	, LLC			
2	(a)	Dale Complete Landscaping, LLC	(b	)				
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		5730 8th Street	_	5730 8	3th Street			
		Zephyrhills, Florida 33542-3707		Zephyrhills, Florida 33542-3707				
		07/19/2011		L11000	082761			
3.		Date of filing/registration in Florida	4.		Document number	er		
5	(a)							
	(,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	late:			
		UNITED STATES CORPORATION AGENT	S, INC.					
		Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	2	<del>_</del>	رى <sup>چې</sup>	23	
		5575 S. SEMORAN BLVD SUITE 36				چند سو د د د د	2915 AUG	<b>.</b> .
		Orlando, FL	32822		<u> </u>	H.S.	UG 12	
						ت.		::4
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		 	AM 10: U	
							C.	
		Geoffrey S. Dale						
		NEW Registered Office Address:						
		5730 8th Street			<del></del>			
		Zephyrhills FL	33542	-3707				
the ag wa	ent v is/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confithe limited	stered off ompany, i nited liabi liability c	ice and the business t is hereby confirme lity company or as company.	office of that the	of the i he chai	registered nge(s)
-	Signa	ture of a prember or authorized representative of a member		offrey S	Printed or typed nar	ne of sign	100	<del></del>
I i pro the to no	here ovisi e obl mere tified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide elv reflect a change in the registered office address, I ding writing of this change.	ree to act perform d for in C hereby c	in this co ance of m Chapter 6 onfirm the	anacity - I further as	oree to i	comply	with the nd accept ging filed as been
	- V	// U V						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00