L20 0000 14534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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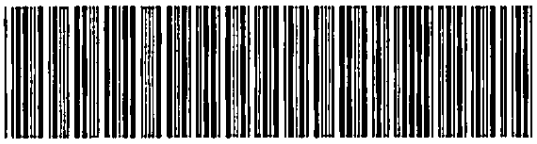

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSTATE MOWING LLC
Name of Corporation

DOCUMENT NUMBER: L20000014534

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:

CONNOR MCLEOD
Name of Contact Person

SUNSTATE MOWING LLC
Firm/Company

288 MAPLEWOOD DRIVE
Address

SAINT JOHNS, FLORIDA, 32259
City/State and Zip Code

SUNSTATEMOWING.JAX@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONNOR MCLEOD at (904) [redacted]
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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: SUNSTATE MOWING LLC

2. The principal office address: 288 MAPLEWOOD DRIVE, SAINT JOHNS FLORIDA 32259

3. The mailing address (if different): SAME AS PRINCIPAL OFFICE ADDRESS

4. Date of incorporation/qualification: JAN 7, 2020 Document number: L20000014534

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)

CONNOR MCLEOD

2755 SEBASTIAN COURT

JACKSONVILLE, FLORIDA 32224

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

CONNOR MCLEOD

288 MAPLEWOOD DRIVE

P.O. Box NOT acceptable

XX SAINT JOHNS, FLORIDA 32259

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.

Connor Mcleod
Signature of an officer or director

CONNOR MCLEOD
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.

Connor Mcleod
Signature of Registered Agent

MARCH 5, 2021
Date

If signing on behalf of an entity:

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 (04-13)