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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

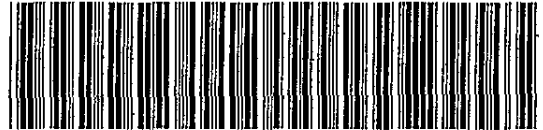
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/04--01033--002 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -2 PM 12:24

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8/3/04
just

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

July 26, 2004

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
409 E. Gaines Street
Tallahassee, FL 32399

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Landscapes Unlimited, L.L.C. of Nebraska
File# M99000001333

Dear Sir or Madam:

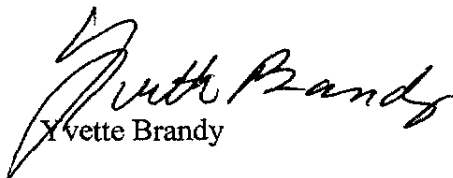
Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,


Yvette Brandy

YB/
Encl.

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Landscapes Unlimited, L.L.C. of Nebraska

2. The mailing address of the limited liability company is : 1201 Aries Drive, Lincoln NE 68512

8/20/1999

M99000001333

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation Systems

Name

1200 South Pine Island Drive

Address

Plantation, Florida 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

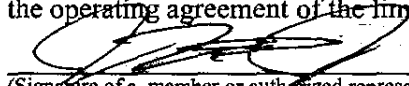
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

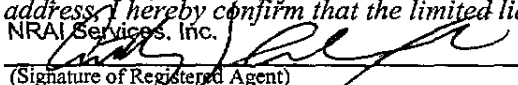
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Jim Barger
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Anthony J. Alexander, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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