P14000059968

(Requestor's Name)				
(Address)				
(1001033)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartified Conies Cartificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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RA address

100263382681 08/25/14--01007--022 **35.00



Q128/14

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: London Lawn Care INC Name of C	orporation		
DOC	JMENT NUMBER: P14000059968			
The er	nclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matte	r to the following:		
	Mayke Name of Cor	ntact Person		
Phyn/Company				
P.O.Box 28353				
Address				
Hialeah Fl, 33002				
City/State and Zip Code				
	E-mail address: (to be used for f	gmail.com uture annual report notification)		
For fu	rther information concerning this matter, please	call:		
	Maykel Diaz	at (786) 397-0701 Area Code & Daytime Telephone Number		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made payable to the Depart	ement 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		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
The name of the corporation: London Law	· · ·
	gler, Apt 203
3. The mailing address (if different): Po Box 2	28353 Hialeah , FL , 33002
4. Date of incorporation/qualification: 07-13-2	014 Document number: P14000059968
5. The name and street address of the current regist Florida Department of State: (If resigned, enter residual department)	esigned)
4840 nw 170 st Miam	i Gardens , FL , 33055
6. The name and street address of the new registere (if changed): 9440 w Flagler Apt #	d agent (if changed) and /or registered office 3.3.3.3.3.3.4.
P.O. Bo	x NOT acceptable
The street address of its registered office and the sas changed will be identical.	street address of the business office of its registered agent,
Such change was authorized by resolution duly ad authorized by the board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
Maykel Diaz	Р
Signature of an officer or director I hereby accept the appointment as registered age	Printed or typed name and title int and agree to act in this capacity.
i juriner agree to comply with the provisions of all performance of my duties, and I am familiar with agent. Or, if this document is being filed merely the hereby confirm that the corporation has been noti	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
	08-19-2014
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

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