

P 97000000702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

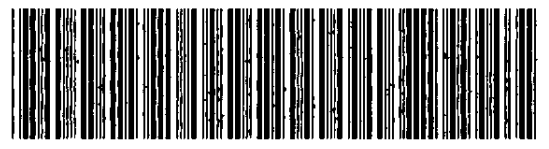
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lawn Aid Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97 000000702

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:

TARRY VAUGHN
(Name of Contact Person)

LAWN AID INC
(Firm/Company)

10316 WOOD DUCK DR.
(Address)

NEW PORT RICHEY, FL 34654
(City/State and Zip Code)

For further information concerning this matter, please call:

TARRY VAUGHN at (727) 858-3840
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2008

TARRY VAUGHN
LAWN AID, INC.
10316 WOOD DUCK DR.
NEW PORT RICHEY, FL 34654

SUBJECT: LAWN AID, INC.
Ref. Number: P97000000702

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 808A00040410

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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: Lawn Aid, Inc.
2. The principal office address: 10316 WOOD Duck Dr.
NEW PORT RICHEY, FL 34654
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/3/1997 Document number: 997000000702

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
~~Lawn Aid Inc.~~ Mark Murray
13121 LITTLE Rd #285
Hudson, FL 34667

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lawn Aid Inc. Tarry Vaughn
10316 WOOD Duck Dr.
(P.O. Box NOT acceptable)
NEW PORT RICHEY, FL 34654

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.

Tarry Vaughn (Signature of an officer or director) TARRY VAUGHN VA (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.

Tarry Vaughn (Signature of Registered Agent) 6-30-08 (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

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