L11000050342

(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:

A. LUNT

MAR -2 2011

EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jurf S. W. A. Name of Limited	d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	natter to the following:	
Russell A. Chesles	2012 MAR - 1 SECRETAR TALLAHASS	
Turf S. W. A. T. LLC Firm/Company	SSEE, FLO	
3081 LoreTIA Rd. Address		
SACKSONVILLE F. 3222. City/State and Zip Code	3	
RChesley 65 @ Yahoa, Co.	on)	
For further information concerning this matter, ple	ase call:	
Russe// A Chosley at (904) 583-0093 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Name of the limited liability company: Turf,	5. M.A.T. LLC
2. (a) Principal office address of limited liability compan	y: 3081 Loretto Rd.
(Note: MUST BE STREET ADDRESS)	JACKSONV:1/e, fl. 32223
(b) Mailing address of limited liability company:	3081 LOSETTO Rd.
(Note: MAY BE POST OFFICE BOX)	JACKSOHU: 1/e, fl. 32223
	111000050312
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De of Stage:
Registered Agent:	SEAM P. JEMES F
Registered Office Address:	JACKSONVILLE FTY 32,23
	5, F
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Russell A. Chesley
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SAMe
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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