K09976

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Juniper Landscaping, Inc.

Name of Corporation

DOCUMENT NUMBER:

K09976

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:

Benita Copley

Name of Contact Person

Juniper Landscaping, Inc.

Firm/Company

5880 Staley Rd

Address

Fort Myers, FL 33905

City/State and Zip Code

benita@juniperlandscaping.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benita Copley

...239

561-5980

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



May 5, 2014

JUNIPER LANDSCAPING, INC. 5880 STALEY RD FORT MYERS, FL 33905

SUBJECT: JUNIPER LANDSCAPING, INC.

Ref. Number: K09976

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please tell us what this check is for.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 114A00009527

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

	the corporation: Juniper Landso	caping, Inc. I, Fort Myers, FL 33905	- 	
2. The principal	l office address: 5880 Staley Rd	, i ort wycis, i E 55505		
3. The mailing	address (if different): 5880 Staley	Rd, Fort Myers, FL 33905	5	
4. Date of incor	poration/qualification: 12/31/198	Document number: K099	976	
5. The name an	d street address of the current register artment of State: (If resigned, enter res	red agent and registered office on file		
	Hagen, Michael S.			
	6249 Presidential Court, suite F		14. 14.	
	Fort Myers, FL 33919			
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered	5 PH 12:	
	Michael P. Duke			
	5880 Staley Rd		_	
	Fort Myers, FL 33905	NOT acceptable	-	
The street addr as changed wil	ress of its registered office and the still be identical.	reet address of the business office of	f its registered agent,	
Such change wanthorized by t	as authorized by resolution duly ado he board, or he corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer so	
Mark	ure of an officer or director	Michael P. Duke, Pres		
I hereby accen	t the appointment as registered agen to comply with the provisions of all , f my duties, and I am familiar with a nis document is being filed merely to that the comporation has been notifi	at and garee to get in this canacity		
hereby confirm				
MA	gnature of Registered Agent	Date		
MAN Sig	gnature of Registered Agent ehalf of an entity:	Date		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)