L 000000 10791

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1/5/
	Office Line On	1/18



600043663776

12/27/04--01056--012 **100.00

2004 DEC 27 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CLASSIC CARE PROFESSIONAL LAWN SERVICE
2. The mailing address of the limited liability company is: 2017 TWOIAN SPRINGS.
JACKSONVILLE, FL 32246-1649
<u>L000040/019/</u>
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: Cichaed W. Smith Je Name
Address ATLANTIC BEACH, FL 32233 City, State and Zip
6. The name and address of the new registered agent and/or office:
Name 2017 INDIAN SPRINGS Florida street address (P.O. Box NOT acceptable)
TACKSON VILLERL 32246-1649 FOR SECURITY STATES
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 Horida limited liability company, it is hereby confirmed that the change(s) was/were authorized by all affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.
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) RICHAE) W.5miTH III Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)