

LD 20 DDD 12663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

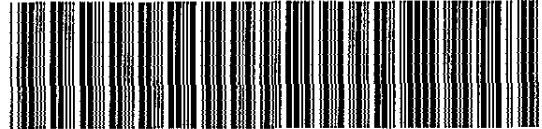
(Business Entity Name)

(Document Number)

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JANUARY 1, 2003

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PO Box 26924
Tamarac, FL
33320

LD7-126603

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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 13, 2002

EMESCO FINANCIAL SERVICES
P.O. BOX 26924
TAMARAC, FL 33320

SUBJECT: TURFGRASS UNIVERSITY LLC
Ref. Number: L02000012663

We have received your document for TURFGRASS UNIVERSITY LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Please sign and return your check along with this document in order to complete your filing.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 802A00066035

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 3, 2002

TURFGRASS UNIVERSITY LLC
P.O. BOX 26924
TAMARAC, FL 33320

SUBJECT: TURFGRASS UNIVERSITY LLC
Ref. Number: L02000012663

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Trevor Brumbley
Document Specialist

Letter Number: 502A00064177

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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: Turfgrass University LLC
2. The mailing address of the limited liability company is : 8630 Banyan Way
Tamarac FL 33321

May 23, 2002

L02000012663

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:

Business Filings Incorporated

Name

1000 West Avenue, Suite 1114

Address

Miami Beach, FL 33139

City, State and Zip

6. The name and address of the new registered agent and/or office:

John B. Schlossberg II

Name

8630 Banyan Way

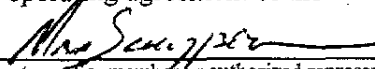
Florida street address (P.O. Box NOT acceptable)

Tamarac

FL 33321

City, State and Zip

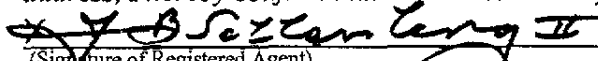
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 11/18/02
(Signature of a member or authorized representative of a member)

Maxim Schlossberg

(Printed or typed name of signer)

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)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

APPROVE
AND
FILE
02 DEC 23 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL 32304