1030000	013634 ED
(Requestor's Name) (Address)	03 OCT -3 PH 4:00 
(Address) (City/State/Zip/Phone #)	10/03/0301032004 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	AL I
Office Use Only	

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits agent, or both, in the State	s of sections 608.416 or 608 the following statement in or of Florida.	der to change its regi	stered office or registered
1. The name of the limited	l liability company is: The K	issimmee Lawn Cor	npany LLC
2. The mailing address of	the limited liability company i	s: 4912 Monarch L	ane ALAHASSEE, FLORIDA
Kissimmee, FL 34746	······		•
April 16, 2003		L03000013634	4
3. Date of filing/registration	on in Florida	4. Document nur	nber
5. The name of the register Florida Department of S	Business Filings Incorpora		on the records of the
	Name 1000 West Avenue, Suite 1114		
	Address Miami Beach, FL 33139		· ·
	City, State an	-	
6. The name and address o	of the new registered agent and	/or office:	
	Patrick Donovan		
	Name 4912 Monarch Lane		
	Florida street address (P.O. E	Box NOT acceptable)	
	Kissimmee, <sub>FL</sub> 3	34746	
	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 or fracting agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

## Patrick Donovan

(Printed or typed name of signce)

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

**FILING FEE: \$25.00**