

103000022987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

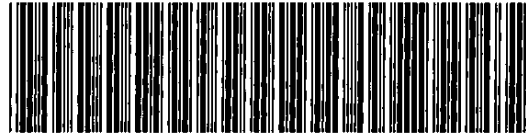
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Arbogas Enterprises LLC d/b/a

**Accent
Landscape**

6051 Carlton Road
Port Saint Lucie, Florida 34987

Phone: (772) 429-2321 • Fax: (772) 429-2322
WWW.arbogas123@aol.com

To: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

February 21, 2007

SUBJECT: Arbogas Enterprises, LLC

Dear Sir or Madam:

The enclosed Registered Agent/ Registered Office Change and Fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert W. Hargis

Arbogas Enterprises, LLC

6051 Carlton Road Port Saint Lucie, FL 34987

For further information concerning this matter, please call:

Robert W. Hargis at (772) 429-2321

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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**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: Arbogas Enterprises, LLC
2. The mailing address of the limited liability company is: 6051 Carlton Road
Port Saint Lucie, FL 34987

June 24, 2003
3. Date of filing/registration in Florida

L03000022987
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:

Robert W. Lockwood
Name
925 Oak Glen Manor Ct.
Address
St. Louis, MO 63122
City, State and Zip

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

Robert W. Hargis
Name
6051 Carlton Rd.
Florida street address (P.O. Box NOT acceptable)
Port Saint Lucie, FL 34987
City, State and Zip

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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.

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

Robert W. Lockwood (Current Managing Member)
(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]
(Signature of Registered Agent)

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