k04000054567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

SEP - 1 202

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 17 AM 8:09

September 2, 2021

TERENCE GLYNN
1467 BANKS RD
MARGATE, FL 33063

SUBJECT: INNOVATIVE GROUNDS MANAGEMENT OF FLORIDA, LLC
Ref. Number: L04000054567

We have received your document for INNOVATIVE GROUNDS MANAGEMENT OF FLORIDA, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

on line 2 (b) please only list one mailing address.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 621A00021230

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE GROUNDS MANAGEMENT OF FLORIDA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERENCE M. GLYNN
Name of Person

INNOVATIVE GROUNDS MANAGEMENT OF FLORIDA, LLC
Firm/Company

1467 BANKS ROAD
Address

MARGATE FLORIDA 33063
City/State and Zip Code

INNOVATIVEGROUNDS@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERENCE M. GLYNN at (954) 970-0015
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: INNOVATIVE GROUNDS MANAGEMENT OF FLORIDA, LLC

2. (a) 1467 BANKS ROAD, MARGATE FL 33063
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1467 BANKS ROAD

MARGATE FLORIDA 33063

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 07/22/2004
Date of filing/registration in Florida

4. L04000054567
Document number

5. (a) PETER A. HACKER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

128 NW 100TH TERRACE

MARGATE, FL 33071

(b) TERENCE M. GLYNN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

TERENCE M. GLYNN

NEW Registered Office Address:

1467 BANKS ROAD

MARGATE, FL 33063

FILED
2021 SEP 17 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Terence M. Glynn
Signature of a member or authorized representative of a member

TERENCE M. GLYNN
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 605, 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.

Terence M. Glynn
Signature of Registered Agent

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

INHS18 (2/14)