105080004213

	1544 North Main St. Viles, Ohio 44446	
	PS=	
	OLIVKA SURFACE N G I N E E R I N G	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
205-4213 (Adh		
1.Adn	Office Use Only	



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**25,00 **25,00

Till Blance

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	d liability company is:	POLIVKA LANDSCAPING, I	LC .	
		npany is: 2845 NE 9TH STR		
SUITE 1202, FORT LA				
JANUARY 13, 2005		L05000004213		
3. Date of filing/registration in Florida		4. Document number	er en	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: BASIL A. POLIVKA				
	2845 NE 9TH STRE	Name ET, SUITE 1202		
	FORT LAUDERDAL	Address E, FL 33304 State and Zip	67 E S	
6. The name and address of the new registered agent and/or office:				
	BASIL A. POLIVKA		<u> </u>	
	1835 SE 4th Avenu	lame ie	PH 2: 52	
•	Florida street address	(P.O. Box NOT acceptable)	9A (5)	
	FT. LAUDERDALE	FL 33316-1017		
	City, St	ate 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. (Signature of a member of authorized representative of a member)				
BASIL A. POLIVKA				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 198, F.S. Or, if the address. Thereby confirm	ntment as registered ag s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and agree to act in this capa to the proper and complete perf of my position as registered age led to merely reflect a change in company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.	
(Signature of Registered Agent)				

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

FILING FEE: \$25.00

INHS18(10/99)