

L05000031692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800056098808

06/15/05--01041--010 **75.00

RECEIVED
05 JUN 15 11:25:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 JUN 15 PM 3:01

W
06/15

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH FLORIDA LAWN PROS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNATHAN DRIER
(Name of Person)

NORTH FLORIDA LAWN PROS, LLC
(Firm/Company)

3250 CONNECTOR DR
(Address)

TALLAHASSEE, FL 32303
(City/State and Zip Code)

FILED
05 JUN 15 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHNATHAN DRIER at (904) 891-9244
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**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: NORTH FLORIDA LAWN PROS, LLC
2. The mailing address of the limited liability company is : 1900 CENTRE POINTE BLVD #83
TALLAHASSEE, FL 32308

- 03/31/2005 L05000031692
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:

MARK MARRIAGE

Name
1900 CENTRE POINTE BLVD #83

Address
TALLAHASSEE, FL 32308

City, State and Zip

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

JOHNATHAN DRIER

Name
3250 CONNECTOR DR

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

TALLAHASSEE, FL 32303

City, State and Zip

FILED
05 JUN 15 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

Mark Marriage
(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