

L050000 65988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

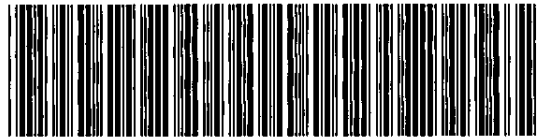
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/19/08--01002--005 \*\*35.00

08 AUG 18 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. THOMAS  
AUG 19 2008  
EXAMINER



**ALL FLORIDA FIRM INC**

813 Deltona Blvd, Ste A  
Deltona, FL 32725  
Phone 386-575-1180

8/4/2008

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE:**

**L05000065988**

Please find a check and change of registered agent forms for the following corporations and/or LLC's.

***Design Scapes, LLC***

***323 NW 170<sup>th</sup> St***

***Newberry, FL 32669***

Sincerely,

All Florida Firm, Inc.

**FILED**  
**08 AUG 18 AM 8:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **DESIGN SCAPES, LLC**
2. The principal office address: **602 NW 233RD TERRACE NEWBERRY FL 32669** 323 NW 170th St.  
Newberry FL 32669
3. The mailing address (if different): **P.O. BOX 418 NEWBERRY FL 32669**
4. Date of incorporation/qualification: **6/29/2005** Document number: **L05000065988**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

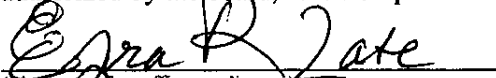
**TATE, STACEY L  
602 NW 233RD TERRACE  
NEWBERRY FL 32669**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A  
DELTONA, FL 32725**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

**EZRA R. TATE / OWNER**  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

**July 14, 2008**  
(Date)

If signing on behalf of an entity:

**\*\*\* FILING FEE: \$35.00 \*\*\***

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**