~ L05000078299

2005 DEC 27 P 2: 24

SECRETARY OF STATE AHASSEE, FL
(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



700061617267

12/16/05--01036--026 **60.00

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.
I. The name of the limited liability company is: Best Yards and Gardens, UC.
2. The mailing address of the limited liability company is: P.O. Box 1816 2000 DEC 27 P 2: 21
Wauchula, FL. 33873 SECRETARY OF STATE TALLAHASSEE, FLORIDA
8/8/05 40500078299
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: Dennis LAKE
Name
Address
Lauchela, FL. 33873
5. The name and address of the new registered agent and/or office:
A
Argel LAMATTE Name
963 Warf lane #101 Florida street address (R.O. Ray NOT accountable)
Florida street address (P.O. Box NOT acceptable)
City, State and Zip
f 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 iability 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 the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member)
Angel Lamasse Printed of typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply 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 Thurpter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office days, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registed Agent)

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