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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

Division of Corporations	
SUBJECT: Southwest La (Name of Limit	ed 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:
Wicole NORTON (Name of Person)	· •
Southwost Lawn (Firm/Company)	Spraying LLC
25491 Fortan DRi	NE
Punta Gorda, FL (City/State and Zip Code)	= 0
For further information concerning this matter, pl	lease call:
NICOIE NORTH at ((Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
\$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 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:	thurst Lawn Spraying
2. The mailing address of the limited liability company is	25491 Fortryn DR.
Punta Gorda, FL 3395	
1/17/2006	L06000005760
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: AIA Corporat Name 6901 Okelchobe Address West Palm Bea City, State and	e Services Inc. el Blvd, Unit J5 ch PL 33411
6. The name and address of the new registered agent and/or	
Name 3422 Melissa Florida street address (P.O. Box Port Charlotters City, State and Zi	NOT acceptable)
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	was/were authorized by an affirmative vote
(Signature of a member or authorized representative of a member)	
Nicole NORTON	<u></u>
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company (Signature of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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