07000020820 . (Requestor's Name) (Address) 400130269564 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 05/29/08--01023--012 \*\*55.00 (Business Entity Name) (Document Number) 1000 HAY 29 PH 12: 43 Certified Copies Certificates of Status Special Instructions to Filing Officer: T. CLINE 8005 **0 8** YAM Office Use Only

EXAMINER

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Beachside Nursery and Landscape Supply, LL. (Name of Limited Liability Company) SUBJECT:

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:

Judson E Smith (Name of Person) Beachside Nursery and Landscope Supply, LLC (Fim/Company) 8476 Navarre PKWY Mavarrey 7-L 3256.6 (City/State and Zin Code)

For further information concerning this matter, please call:

Jud son Smith at (850) 936-8007 (Name of Person) (Area Code & Daytime Telephone Number)

000 MAY 29 PH 12:

٦

## **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 amount:

**\$25** Filing Fee

1 \$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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: Beachs	ide Nur	sing + Lan	dscope :
2. The mailing address of the limited liability company is :	8476	Navarre	PKuy.
Navarre, 71 32566			······································
2-23-07	10	10000208	20
3. Date of filing/registration in Florida	4. Docume	nt number	

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

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

If the limited liability company is not organized under the laws of the State of Florida, it is hereby to 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 or authorized representative of a member) esyla (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, it and accument 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 of Registered Agent)

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

INHS18 (8/05)