## 107000070972

(Requestor's Name)										
(Address)										
(Address)										
(City/State/Zip/Phone #)										
PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
SUBJECT: GOT GRASS LANDSCAPING	i, LLC			
	of Limited L	iability Company	<del></del>	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing	<b>,</b>	
Please return all correspondence concerning this r	natter to the	following:		
JB ROTH				
Name of Person		_		
ROTH LAW FIRM PL			:	
Firm/Company		<del>_</del>	917 A SECR	
6100 GREENLAND RD., SUITE 604			2017 AUG 15 SECRETARY TALLAHASSE	
Address		<del></del>	A D	
JACKSONVILLE, FL 32258			IZ: 1 STATE LORIC	
City/State and Zip Code		<del></del>	DE G	
JB@ROTHLAWFIRM.NET				
E-mail address: (to be used for future annua	l report notif	<del>lica</del> tion)		
For further information concerning this matter, pl	ease call:			
JB ROTH	904	595-7900		
Name of Person	ui (	Area Code & Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	egistration Section vision of Corporations O. Box 6327 dllahassee, Florida 32314		
Enclosed is a check for the following ar				
☑ \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Cop	У	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company:	GRASS L	AND.	SCAP	ING, LLC		
2	(a)	97 ABALONE LANE EAST		(b) 97 ABALONE LANE EAST				
	(4)	Principal office address of limited liability co (Note: MUST BE STREET ADDRES.		. (•	·)	_	dress of limited liability co	
		PONTE VEDRA BEACH, FL 32082		-	PON	ITE VEDRA	A BEACH, FL 320	82
		07/01/2007			L0700	00070972		
3.		Date of filing/registration in Florid	а	4.		Docume	ent number	
5.	(a)	ROTH LAW FIRM PL						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 234 CANAL BLVD				State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 2				2017 AUG SECRETA	-	
		PONTE VEDRA BEACH	, FL_3	32082 AHAS			AUG 18 RETAR AHASS	
	(b)	ROTH LAW FIRM PL					M	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 6100 GREENLAND ROAD			Office address:		D	
						STATE STATE LORIDA		
		NEW Registered Office Address:				<del></del>		
		SUITE 604						
		JACKSONVILLE	, <sub>FL_</sub> 3	2258				
the ag wa	e cha ent v as/we	imited liability company is not organized ununge or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the roles of organization or the operating agreem	der the laws address of th limited liab nembers of	of the ne regi ility co the lin	State o stered o ompany nited lia	office and the , it is hereby bility compar	business office of the confirmed that the ch	e registered lange(s)
				JE	AN B F	ROTH, AUT	TH. REPRESENT	ATIVE
-	Signa	are of a member or authorized representative of a men	nber			Printed o	or typed name of signee	
pro the to	ovisi 2 obl mere	by accept the appointment as registered ages ons of all statutes relative to the proper and igations of my position as registered agent a ely reflect a change in the registered office a d in writing of this change.	nt and agree   complete po   s provided     address, I he	e to ac erform for in ( reby c	t in this ance of Chapter onfirm i	capacity. I f my duties, at 605, F.S. O that the limit	further agree to comp nd I am familiar with br, if this document is ed liability company i	ly with the and accept being filed has been
Si	gnatu	rc Registered Agent						