207 000070972

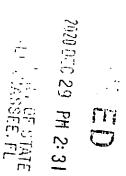
(Re	questor's Name)					
(Add	dress)					
(Ad	dress)	···				
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu:	siness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		ļ				

Office Use Only



000356524780

12/29/28--010:3--008 +4070.80



Y SULKEP FEB 1 0 2021

COVER LETTER

TO: Reg Div	ristration Section inion of Corporations		
SUBJECT:	GOT GRASS LANDSCAPING, LLC		
	Name of Li	mited Lie	bility Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Office Cha	mae end f	made) and a local discount
Please return	n all correspondence concerning this matte	to the fe	ollowing:
PHILIP KEL			-
	Name of Person		-
	Firm/Company		-
4413 COQU	INA DR.		
	Address		_
JACKSONV	TILLE BEACH, FL 32250		
	City/State and Zip Code		_
PHILKELLY	Y@GMAIL.COM		
E-mai	address: (to be used for future annual rep	ort notific	_ stion)
For further	information concerning this matter, please	call:	
PHILIP KEI	LY	204	305-9988
	Name of Person		Area Code & Daytime Telephone Number
Ma	iling Address:		Street Address:
Reg	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassan
Tal	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following amoun	t:	
■ 5	25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy
INHS18 (2/1	4)		

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.

Na	me of the limited liability company:	NDSC	\PI	NG, LLC			
(a)	4413 COQUINA DR.			(b) 4413 COQUINA DR.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	Mailing address of limited Hability company: (Note: MAY BE POST OFFICE BOX)			
	JACKSONVILLE BEACH, FL 32250	_		JACKSONVILLE BEAC	H, FL 32250		
	07/09/2007		L	.07000070972			
/-X	Date of filing/registration in Florida ROTH LAW FIRM PL	4.	-	Document nu	mber		
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stato: 6100 GREENLAND RD						
	Registered Office Address MUST BE FLORIDA STREET. SUITE 604	(DDRE	223		2020 Ci		
	JACKSONVILLE , FL	32258		_	- S		
	Batter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	Office rédress		3H	PH 2:31 JF STATE SEE, FL		
	4413 COQUINA DR.	<u></u>					
	JACKSONVILLE BEACH FL	32250					
ange cut v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law or authorized representative of a member.	bility of the linited PHI	om nite lial	pany, it is hereby confirm d liability company or as pility company. P KELLY, AMBR	ned that the change(s) otherwise provided in		
ovision ob	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	erjorm for in (ereby c	and Chic onf	ce of my auties, and 1 am inter 605, F.S. Or, if this irm that the limited liabil	familiar with and accept document is being filed ity company has been		