L07000072592

(Requestor's Name)				
(to question of thems)				
(Address)				
·				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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B. KOHR

JUL - 1 2008

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Capital City Lawn Care, (Name of		bility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change	and fee(s) are submitted for	or filing.
Please return all correspondence concerning	this matter to	the following:	S JUN 30
Thomas Holland (Name of Person)		<u>-</u>	OR JUN 30 PH W. 30
Capital City Lawn Care, LLC (Firm/Company)			P D
1904 Hideaway Court (Address)	·	-	•
Tallahassee, Florida 32303			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Thomas Holland	at (<u>850</u>) 509-1641	·
(Name of Person)	(Area C	ode & 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	g amount:		
	\$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. Name of the limited liability company: Capital Ci	ty Lawn Care, LLC	F
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 4453 County Road 24 Daleville, Alabama 36322	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4453 County Road 24 Daleville, Alabama 36322	
		08.
7/13/2007 3. Date of filing/registration in Florida	<u>L07000072592</u> 4. Document number	一
	÷	Dept. of State: p
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:
Registered Agent:	Corporation Service Comp	pany To F
Registered Office Address:	1201 Hays street Tallahassee, Florida 3230	ON 30
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	Thomas Holland	
NEW Registered Office Address:	1904 Hideaway Court	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	",FL <u>32303</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered case of a Florida limited lid by an affirmative vote of t	l office and the business ability company, it is he members of the limited
(Signature of a member or authorized representative of a member)	<u> </u>	
	•	•
Thomas Holland (Printed or typed name of signee)	***************************************	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	l agree to act in this capacit proper and complete perfori on as registered agent as pro a change in the registered o ed in writing of this change	y. I further agree to nance of my duties, and I ovided for in Chapter 608, ffice address, I hereby

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

(Signature of Registered Agent)