W080000 71855

(Re	questor's Name)	
(Ad	dress)	
	<u> </u>	
(Ad	dress)	
		···
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne) .
		•
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:]
		İ
		·····





700157232767

06/26/09--01007--004 **25.00



M. THOMAS
JUN 2 9 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WHITH CUTS LANDSCAPENG HC Name of Limited 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:
CAILLOS PALACTO Name of Person
CHAPTONY CUTS LANDSCAPTING LLC Firm/Company
1521 CTITATION OF. Address
WEST PALM SERVES 33417 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARLOS PALACEC at (561) 267 - 1182 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 amount:
\$25 Filing Fee & Certified Copy

INHS18 (5/08)

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:	putanzand an
2. (a) Principal office address of limited liability company	1521 CEARTON DE
(Note: MUST BE STREET ADDRESS)	W.P.B. FL 33417
(b) Mailing address of limited liability company:	1501 CATARTION OR.
(Note: MAY BE POST OFFICE BOX)	W.P.B. FL 33417
3. Date of filing/registration in Florida	L08000071855
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Cept. of State:
Registered Agent:	CORDILATION SECRET CONTIN
Registered Office Address:	TALAHASSEE FL TIBOR
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address (ALLOS PALACZO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1521 CTARTON OL. WEST PAIN REACH FL 33417
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F 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	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	
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 pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office
	y has been notified in writing of this change.
Signature of Registered Agent	y has been notified in writing of this chänge.

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