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COVER LETTER

TO:	Registration Section Division of Corporations		* *		
	Herrmann's Landscaping, LLC			;	
SUBJ		_			
	1	Name of Limited	Liability Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the	e following:		
Rita Fe	owler				
	Name of Person			r	
Fowler	-Corley & Associates				
	Firm/Company				
5450 F	Bruce B Downs Blvd. #323				
	Address			, , ,	
Wesley	Chapel, FL 33544			•	
****	City/State and Zip Cod	e			
s.herrn	nann@herrmannlandscaping.com				
	E-mail address: (to be used for future	annual report not	fication)		
For fu	rther information concerning this mat	ter, please call:			
Wren ł	Herrmann	352	467-4387		
	Name of Person	at () Area Code & Daytime Telep	hone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	ing amount:			
	≦ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		
INHSI	8 (2/14)				

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.

N	Herrmann's Lands ame of the limited liability company:	scaping, LLC	
(a)	31131 Pasco Rd San Antonio, FL 33576	311 (b)_	31 Pasco Rd San Antonio, FL 33576
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7/31/2014	L0800	00096894
(b)	Date of filing/registration in Florida Rita Fowler	4.	Document number
	Registered Agent and Registered Office shown on the records of Fowler-Corley & Associates	the Florida Dept.	of State:
	Registered Office Address 2114 Spring Lake Hwy	ADDRESS)	. 29
	Brooksville , FI	34602	
	Rita Fowler		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addr <u>ess</u> :	•
	Fowler-Corley & Associates		2: 10
	NEW Registered Office Address: 5450 Bruce B Downs Blvd. #323		
	Wesley Chapel, FI	33544	
ange ent v is/w	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 like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered off ability compar of the limited l	ice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
igna	ture of a member or authorized representative of a member		Printed or typed name of signee
vis. obi ner	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I it is writing of this change.	ree to act in thi performance of d for in Chapto hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file in that the limited liability company has been
73	re of Registered Agent		