## L08000066390

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

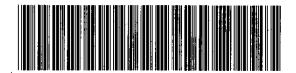
Special Instructions to Filing Officer:

A. LUNT

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**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJ		de Lawn Care, LLC d Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning this r	natter to the following:
	Barbara M. Brown-Emery Name of Person	· 
	Barbara M. Brown-Emery, P.A. Firm/Company	<u> </u>
	12718 DuPont Circle Address	<u>·.                                    </u>
	Tampa, FL 33626 City/State and Zip Code	SECRETAR TALLAHASSI
<u>F</u>	Barbara@EmeryLaw.org -mail address: (to be used for future annual report notificat	ion)
	urther information concerning this matter, pla	<sub>ଲିଲି</sub>
	Barbara M. Brown-Emery at (	813 ) 289-8485 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 am	ount:
	\$25 Filing Fee	\$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:	Countryside Lawn Care, LLC				
2. (a) Principal office address of limited liability com	npany: 1655 Lee Road				
(Note: MUST BE STREET ADDRESS)	Clearwater, FL 33765				
(b) Mailing address of limited liability company:	1655 Lee Road LCC	<u>—</u>			
(Note: MAY BE POST OFFICE BOX)	Clearwater, FL 33765	F			
11/14/2008  3. Date of filing/registration in Florida	L080001063907 3				
	RID RID				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depte of State:					
Registered Agent: Registered Office Address:	4025 Tampa Road, Suite. 1116 Oldsmar, FL 34677				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address:</u>					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12718 DuPont Circle				
	Tampa ,FL 33626				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member					
Ross Randall Wehling Printed or typed name of signee					
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	ind agree to act in this capacity. I further agree he proper and complete performance of my dution hy position as registered agent as provided for it of merely reflect a change in the registered offic hyany has been notified in writing of this chang	e to es, in e e.			

Signature of Registered Agent