**L1 0000021116**

(Requestor's Name)

_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

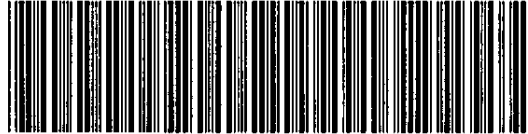☐ PICK-UP    ☐ WAIT    ☐ MAIL

_____

(Business Entity Name)

_____

(Document Number)

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AUG 04 2015

J SHIVERS

# COVER LETTER

**SUBJECT:**    PIONEER ENVIRONMENTAL LANDSCAPING SERVICES LLC
_____
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:


JAYNE CLAYTON
_____
Name of Person


PIONEER ENVIRONMENTAL LANDSCAPING
_____
Firm/Company


4901 E. HINSON AVE
_____
Address


HAINES CITY, FL  33844
_____
City/State and Zip Code


PIONEERENVIRONMENTAL @YAHOO.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:


JAYNE CLAYTON                              863         353-7959
_____ at (_____) _____
Name of Person                              Area Code & Daytime Telephone Number

**Enclosed is a check for the following amount:**

☑ $25 Filing Fee                    ❑  $55 Filing Fee & Certified Copy

INHS18 (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.*

1. Name of the limited liability company: **PIONEER ENVIRONMENTAL LANDSCAPING SERVICES LLC**

2. (a) **2013 LIVE OAK BLVD, STE A**

Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

**ST. CLOUD, FL 34771**

(b) **4901 E. HINSON AVE**

Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

**HAINES CITY, FL 33844**

3. **2/24/2010**  Date of filing/registration in Florida

4. **L10000021116**  Document number

5. (a) **JAYNE CLAYTON**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

**4901 E. HINSON AVE**

Registered Office Address    *(MUST BE FLORIDA STREET ADDRESS)*

**HAINES CITY**, FL **33844**

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

**2013 LIVE OAK BLVD, STE A**

**ST. CLOUD**, FL **34771**

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 a member or authorized representative of a member

**JAYNE CLAYTON**
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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

INHS18 (2/14)