L10000052150

(Rec	questor's Name)	
(Add	Iress)	
(Add	dress)	·
, (City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
. Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
		ľ

Office Use Only



800183098418

07/15/10--01015--004 **25.00

10 JUL 15 AHII: 29

T. HAMPTON
JUL 1 6 2010
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Joeys Landscape and Maintenance, LL 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:		
Joey Giàa Name of Person		
Joey's Landscape and Maintenance, LLC		
169 West maine Ave		
LongWood, F. 32750 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Joey Giàa at 407 330-8570 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in orde agent, or both, in the State of Florida.	vs, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	s Landscape and Mainter
2. (a) Principal office address of limited liability company	: 169 Wimaine Ave
(Note: MUST BE STREET ADDRESS)	Longwood, FL 32750
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
7-12-10	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Joseph Gioia
Registered Office Address:	7407 Winding Lake Civ
	Oviedo FL 327105
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	***************************************
NEW Registered Office Address:	169 W. Maine Ave
(MUST BE FLORIDA STREET ADDRESS)	Long wood ,FL 32750
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl 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	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative with wise provided in the articles of organization.
Signature of a member or authorized representative of a member	CORPO
Printed or typed name of signee	STAT ORATI
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address; I hereby confirm that the limited liability company	gree to act in this capacity. I further agreed per and complete performance of my duties, ition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	•
Division of Corporations, P.O. Box 632	
FILING FEE: \$2	J.UU