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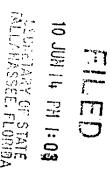
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D. BRUCE

JUN 15 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Distinctive Laun & Field Services, LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Tames Beam Name of Person					
Distinctive haund field Servi	ices, LLC				
3272 Susan Dr.	O JUN I				
Spring Hul, FL 34606 City/State and Zip Code					
distinctive lawn Field Services a Yahuo. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
James Beam at (352) 835-1271 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	\$55 Filing Fee & Certified Copy				

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

ŕ	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: Distinctive Laun & Field Services LL			
	2. (a) Principal office address of limited liability company:			
	(Note: MUST BE STREET ADDRESS)	3272 Susan Dr. Spring Hill, FL 34606		
	(b) Mailing address of limited liability company:			
	(Note: MAY BE POST OFFICE BOX)	3272 Susan Dr. Spring HIV, FL 34606		
	05/28/2010	L10000057803		
	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:	Jimmy Beam		
	Registered Office Address:	9ab1 6. bralter St		
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	V Registered Office address James Beam		
	(MUST BE FLORIDA STREET ADDRESS)	3272 Susan Dr		
	If the limited liability company is not organized under the leant 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 Signature of a member of authorized representative of a member Printed or typed hame of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro-	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.		
	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 pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	stition 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 6327, Tallahassee, FL 32314 FILING FEE: \$25.00