| 100  | 00312451  |
|--|---|
| (Requestor's Name)<br>(Address)<br>(Address) | 800186733948  |
| (City/State/Zip/Phone #)                     | 10/19/1001039007 <b>**</b> 25.00  |
| Certified Copies Certificates of Status      | FILED<br>10 OCT 19 PH 2: 38<br>SECKETARY OF STATE<br>TALLAHASSEE, FLORIDA |
| G. MCLEOD<br>OCT 2 0 2010<br>EXAMINER        |   |

### **COVER LETTER**

TO: Registration Section Division of Corporations

| SUBJECT: | CHAMPION LAWN & GARDEN LLC        |
|----------|-----------------------------------|
|          | Name of Limited Liability Company |

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Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW M MOUTTET

Name of Person

CHAMPION LAWN & GARDEN LLC Pirm/Company

| 8412    | NW. | 47 | STREET |  |
|---------|-----|----|--------|--|
| Address |     |    |        |  |

| CORAL SPRINGS, FL. 33076   |   |
|--|---|
| City/State and Zip Code  |   |
|  |   |
| ALL ART  |   |
| Mar Alina  |   |
| E-mail address: (to be used for future annual report notification) | ) |

For further information concerning this matter, please call:

MATTHEW MOUTTET

<u>954</u>)\_8

at (

802-1525

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:



\$55 Filing Fee & Certified Copy

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## 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: CHAMPION LAWN & GARDEN LLC

2. (a) Principal office address of limited liability company:

## (Note: MUST BE STREET ADDRESS)

8412 NW 47 STREET CORAL SPRINGS, FL 33071

L10000092451

CHAMPION LAWN & GARDEN LL

**CHAMPION LAWN & GARDEN LLC** 

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SEPTEMBER 2, 2010

3. Date of filing/registration in Florida

**Registered Agent:** 

MICHAEL L CAULEY

4. Document number

8412 NW 47 STREET

CORAL SPRINGS, FL 33071

| Registered Office Address:                                     |                              |  |  |
|--|------------------------------|--|--|
|  | CORAL SPRINGS, FL. 33071     |  |  |
|  |                              |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: |  |  |
| NEW Registered Agent:  |                              |  |  |
| NEW Registered Office Address:                                 |                              |  |  |
| (MUST BE FLORIDA STREET ADDRESS)                               | CORAL SPRINGS                |  |  |
| $z = \omega$   |                              |  |  |

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

If the limited liability company is not organized under the laws of the State of Florida, it is frereby 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

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# MATTHEW M MOUTTET

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 auties and 1 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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