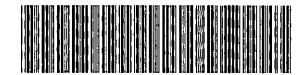
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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)	<del></del>					
PICK-UP WAIT	MAIL MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of S	itatus					
Special Instructions to Filing Officer:						

Office Use Only



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S. J. S. J.



CSC - WILMINGTON 251 Little Falls Drive Wilmington : De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: July 20, 2020

Order#: 341706/025

Re: THE MAGNOLIA GROUP LANDSCAPE DEVELOPMENT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX\_\_\_ File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn: Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. Na	ame of the limited liability company:	A GRO	UP	LANDSCAPE D	DEVELOPMENT LLC	
2. (a)	1311 N. WESTSHORE BLVD., SUITE 200		(b) 1311 N. WESTSHORE BLVD., SUITE 200			
- (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-)	_	address of limited liability company: :: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33607			TAMPA, FL 336	607	
	03/13/2014 08/05/2011	_	_ [	L14000042405	L11600090390	
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida MEYER, MATT	4.		Docu	ment number	
()	Registered Agent and Registered Office shown on the records of 100 S. ASHLEY DR. SUITE 1740	the Flor	ida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	4 <i>DDRE</i>	ESS)			
	TAMPA, FL	3360	2		~)	
(b)	Corporation Service Company				7673 314	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addi	ress:	, 22	
	1201 Hays Street					
	NEW Registered Office Address:				FII 10: (	
					ა 0	
	Tallahassee , FL	3230	1			
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	ered con imit	l office and the b npany, it is hereb ted liability com	ousiness office of the registered by confirmed that the change(s) pany or as otherwise provided in	
	Jill Cilmi, Authorized Perso				······································	
I here provis the ob- to mer notifie	ature of member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address.	ee to c perfor d for ii hereby	act i mar n Ch con	n this capacity.	d or typed name of signee  I further agree to comply with the and I am familiar with and accept Or, if this document is being filed nited liability company has been	