L/1000095131

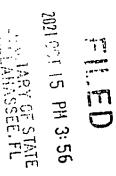
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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September 7, 2021

TAMPA LAWN PROS, LLC 708 SOUTH CHURCH AVENUE TAMPA, FL 33609

SUBJECT: TAMPA LAWN PROS. LLC

Ref. Number: L11000095731

We have received your document for TAMPA LAWN PROS, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6050$.

Letter Number: 721A00021529

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

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.

	lame of the limited liability company: Tampa Lawn Pros, LLC
	•
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	7085, Church Avenue Sime.
	Tampa, FC 33609
	08/19/2011 111000095731
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 Office Address (MUST BE FLORIDA STREET ADDRESS)
	108 S. Church Avenue
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 708 S. Church Avenue Tampa , FL 33609 Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Con P O
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Ester hance of the Wilder Registrate of the address.
	NEW Registered Office Address:
	143 E. Davis Blud., Unit 4
	tampa
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
chang agent was/v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
Sign	nature of a member or authorized representative of a member Printed or typed name of signee
I here provis the ob- to me.	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been sed in writing of this change.
Signat	10/2/21
Viginal	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00