L110000097689

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TALLAHASSEE, FLORIDA
14 NOV 20 PM 3: 40

DEC - 4 2014 T. CARTER

LCC RAPROChange

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BOTAN LANDSCAPE LLC 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:		
MARY GRAbowsky Name of Person		
BOTANY LANDSCIAPE LLC Firm/Company		
4032 BUDD RD. Address		
New Smyrna Bch.FL 32168 City/State and Zip Code		
Megrabo P Live. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MARY GRALOWSKI at (386) 547-2458 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 & Certified Copy		
INHS18 (2/14)		



October 29, 2014

MARY GRABOWSKI BOTANY LANDSCAPE LLC 4032 BUDD RD NEW SMYRNA BEACH, FL 32168 US

SUBJECT: BOTANY LANDSCAPE LLC

Ref. Number: L11000097689

We have received your document for BOTANY LANDSCAPE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

386

Tina D Carter Regulatory Specialist

Letter Number: 514A00023143

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.

1. Name of the limited liability company: Botany Landsca	noe LLC
2. (a) 4032 BUDD RD. (b) 403	a Bund RD
Principal office address of limited liability company: Multi	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
	Sansa Da Da Ca
New SMYRNABCLIFE NEW	25 U.C.
32168	32168
08-25-2011 LI	000097689
	cument number
5. (a) UnitED STATES CORP. Agents, INC.	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address MUST BE FLORIDA STREET ADDRESS	. ಕ.
C. + E	SECE
70	NOV 20
	سر ر ان
(b) Mary Aldrich	
Enter name of NEW Registered Agent and or NEW Registered Office address:	STAT LOR 3: 4
90 Nelson Solwitz	TE IDA
NEW Registered Office Address:	
1190 Pelican Day Dr	
The death and	- ar Aras
Taylora Wach FL 30119	
If the limited liability company is not organized under the laws of the State of Florida the change or changes are made, the Florida street address of the registered office and	a, it is hereby confirmed that after dithe business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is he was/were authorized by an affirmative vote of the members of the limited liability co	reby confirmed that the change(s)
the articles of organization or the operating agreement of the limited liability compar	il.
Signature of a member for authorized representative of a member Pri	nted or typed name of signee
Thereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dution obligations of my position as registered agent as provided for in Chapter 605. F. to merely reflect a change in the registered office address. I have by confirm that the notified in writing of this change.	es, and I um familiar with and accept S. Or, if this document is being filed
to merely reflect a change in the registered office address. I Areby confirm that the notified in writing of this change.	Similed Hability company has been
Signature of Registered Agent	men
Division of Corporations • P.O. Box 6327 • Tallahassee.	Aldvich

FILING FEE: \$25.00