## 1100/12746

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FEB 1 8 2016 S. YOUNG COVER LETTER

10:	Division of Corporations		
SUBJ	ECT: SCOTT'S LAWN AND !	LAWSCAPING LLC Limited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing	g,
Please	return all correspondence concerning this ma	tter to the following:	
-W//C	Name of Person		SECRETAL ANA
180	Firm/Company	suc	FILED PH 5: 03 REPAREMENT SHATE JUNE 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:
23	ASh IFY Rd Address		5: 03 (ATE (AD)
MA	Stofft, FL 34753 City/State and Zip Code		
<u> </u>	SCOHWAIL (& ASL COM E-mail address: (to be used for future annual re	eport notification)	
	rther information concerning this matter, pleas		
Mich	Name of Person	(352) 229944/ Area Code & Daytime Tele	ephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

## 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.

2. (a) 253. NANEY RO MARCHE, FL3423  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS)  Adding address of limited liability company: (Note: MUST BE STREET ADDRESS)  Address of limited liability company: (Note: MUST BE STREET ADDRESS)  Address of limited liability company: (Note: MUST BE STREET ADDRESS)  Address:  Address	1. N	Name of the limited liability company: <u>LWH'S I AWN</u>	1 AND LA	MUSCAPING L	ير
3. Date of filing/registration in Florida 4. Document number  5. (a) MUARU Subt Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  235 AShley Rd MASCHE, FL 34733  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  (b) M. Chiffel Subt Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  FL 34733  Fig. 34733  (b) FL 34733  (c) FL 34733  (d) FL 34733  (e) FL 34733  (e) FL 34733  (f) FL 34733  (g) FL 34733  (h) FL 34733  (ii) FL 34733  (iii) FL 34733  (iii) FL 34733  (iv) FL 34733  (iv	2. (a)	Principal office address of limited liability company:	(b) D. D		
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  235 AShley Rd MASOHE, FL 34753 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  (b) Michael Such Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  FL  FL  FL  FL  FL  FL  FL  FL  FL  F				1000112746	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  235 ASh Ley Rd MASCHE FL 34753 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  (b) M. Charle Such Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:    FL	3.	Date of filing/registration in Florida 4.		Document number	er
Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  (b) M. Christ Sud H. Schler Rd, Muscher FL 34753  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  FL  If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 afficus of organization of the operating agreement of the limited liability company.  Hygnalure of a member of authorized representative of a member  Printed or typed name of signee	5. (a)	a) Michael Scott			
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(b) M. Whell such Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  FL  If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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/ware authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the Operating agreement of the limited liability company.  Machine 1. Amended to a member of authorized representative of a member Printed or typed name of signee		235 AShley Rd MASOHE, FL 3475	3		
(b) M. Christ Sott  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  FL  If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 affices of organization or the operating agreement of the limited liability company.  Mignature of a member or authorized representative of a member  Printed or typed name of signee		Registered Office Address (MUST BE FLORIDA STREET ADDR	(ESS)		
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NEW Registered Office Address:	(b)	) Michael Scott		<del></del>	<i>≥</i> 10 ₩
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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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.	igna .	nature of a member or authorized representative of a member	77.27.7	Printed or typed nam	ne of signee
	here provis the ob- to mer northe	rehy accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfo bligations of my position as registered agent as provided for Pely reflect a change in the registered office address, I hereb yd in writing of this change.	act in this cormance of n in Chapter to by confirm th	apacity. I further ag ny duties, and I am fa 505, F.S. Or, if this a at the limited liabilit	ree to comply with the miliar with and accept locument is being filed y company has been
Signature of Registered Agent		Me T			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FFE: \$25.00				nassee, FL 32314	