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J. SAULSBERRY EXAMINER

OCT 2 1 2013

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

ANDREW BUCK CONTRACTS, 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:

MELINDA MAGUIRE

Name of Person

MELINDA MAGUIRE & ASSOCIATES

Firm/Company

160 E EVERGREEN AVE

Address

LONGWOOD, FL 32750

City/State and Zip Code

info@floridaclassiclawns.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELINDA MAGUIRE

_{at (}407

767-0609

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

■ \$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.

150m	, or tom, in the state of 1 to tade.		
1. Na	ame of the limited liability company: ANDREW BUCK C	CONTRACTS, LLC	
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 160 E EVERGREEN AVE LONGWOOD FL 32750	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 521137 LONGWOOD FL 32752-1137	
		1 * 0000400444	20 5
3. Da	nte of filing/registration in Florida	4. Document number	3
5. (a	Registered Agent and Registered Office shown o	n the records of the Florid	,
	Registered Agent:	ANDREW BUCK	
	Registered Office Address:	PO BOX 162860 ALTAMONTE SPRINGS FL 32716-2860	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ac	<u>idress</u> :
	NEW Registered Agent:	MCLINDA MACOINE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		160 E EVERGREEN AVE LONGWOOD	301
	(HOOT DE LIONID/I (HEELI /IBDRESS)		,FL,32750
and the liabil	limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be ide ity company, it is hereby confirmed that the change tembers of the limited liability company or as other perating agreement of the limited liability company	Florida street address of tentical. Or, in the case of a (s) was/were authorized by wise provided in the article	he registered office
Signati	are of a member or authorized representative of a member	annual museum	
	EW BUCK dor typed name of signee		
I her comp and I Chap adan	reby accept the appointment as registered agent and ly with the provisions of all statutes relative to the am familiar with and accept the obligations of my user 608, F.S. Or, if this document is being filed to be the company of th	l agree to act in this capa proper and complete perfo position as registered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, out as provided for in the registered office riting of this change.
Signat	ure of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00