L130000 72973

(Requestor's Name)								
(Address)								
(Add	dress)							
(City/State/Zip/Phone #)								
PiCK-UP	WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificate	s of Status						
Special Instructions to Filing Officer:								
	,							





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10/23/14--01002--007 **25.00

TALLAHASSEE, FLORIDA

NOV 0 6 2014 T. CARTER

LCC PATROChange

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	Narcoossee Lawn Care, LLC					
~	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning the	is matter to the following:				
Char	es Andrew Hall					
	Name of Person					
Narce	oossee Lawn Care, LLC					
	Firm/Company					
6500	Cottage Lane					
	Address					
Saint	Cloud, FL 34771					
	City/State and Zip Code					
nlc@	narcoosseelawncare.com					
	E-mail address: (to be used for future ann	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Char	es Andrew Hall	813 713-0320				
	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				
INHS1	8 (2/14)					

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	me of the limited liability company: Narcoossee	Law	n Ca	are LLC			
2.	(a)	Narcoossee Lawn Care, LLC		(b) Narcoossee Lawn Care, LLC				
۵. ۱	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		6500 Cottage Lane			6500 C	ottage Lane		
		Saint Cloud, FL 34771			Saint C	loud, FL 34771		
		05/17/2013			L130000	72973		
3.		Date of filing/registration in Florida		١.		Document number		
5.	(a)	Charles Andrew Hall						
۶.	(a)	Registered Agent and Registered Office shown on the records	of the F	lorida	Dept. of Sta	te:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					_	_	TAS	
		5353 Mill Stream Court	tream Court				4 OCT	
		Saint Cloud	FL_34	771		_	CT 23	ETAR HASS
	(b)	Charles Andrew Hall				_	PH	Y OF
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Offi	ce ad	dress:		2: 33	STATE LORIDA
		NEW Registered Office Address:				_		-
		6500 Cottage Lane				_		
		Saint Cloud	_{FL} _34	771		_		
the age wa the	cha ent v s/we arti Gigna eign	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a light one of all statutes relative to the proper and completingations of my position as registered agent as provingly reflect a change in the registered office address, days writing of this change.	of the liabil s of th he lim	regi ity co e lim ited	stered offic ompany, it nited liabili liability co	is hereby confirmed to the company or as other mpany. Printed or typed name of the confirmed or typed name or ty	fice of that the cerwise p Sufficient H of signee	he registered change(s) provided in

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

Signature of Registered Agent