## L13000164104

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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	ECT: Botanics Design Group LLC	;					
Name of Limited Liability Company							
Dear S	ir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please	return all correspondence concerning th	is matter to the fo	ollowing:				
Micha	ael Brandon Duke						
	Name of Person		-				
Botar	nics Design Group LLC						
-	Firm/Company		_				
3027	Via San Marco Ct						
	Address .		_				
Fort I	Myers, FL 33905						
	City/State and Zip Code		_				
	don@juniperlandscaping.com						
E	-mail address: (to be used for future ann	ual report notific	ation)				
For fu	ther information concerning this matter,	please call:					
Micha	ael Brandon Duke	at (	561-5980				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:				
	Registration Section	Regi	stration Section				
	Division of Corporations	Division of Corporations					
	Clifton Building		Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	ialla	ahassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy				

INHS18 (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: Botanics Desi	ign Gr	ou	IP LLC		
2.	(a)		_ (	(b)	·	g address of limited liability com-	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			-	g address of limited liability com- te: MAY BE POST OFFICE BO	
		3027 Via San Marco Ct			3027 San Ma	•	_
		Fort Myers, FL 33905	_	-	Fort Myers, f	FL 33905	
		7/23/13		L	.1300010410	)4	
3.		Date of filing/registration in Florida	4.	_	Docu	ument number	
5	(a)	United States Corporation Agents, Inc					
J.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	da I.	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	<u>(2.5)</u>	<del></del>		
		13302 Winding Oaks Court, Suite A					
		Tampa	33612	2			N.E
		, rL	' <u> </u>			APR	CS:
	(b)	Michael Brandon Duke				N &	() m
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddr	ress:		
						PH 3:	ं निष्
		NEW Registered Office Address:			<del></del>	: 25	
		3027 Via San Marco Ct					5.17
		Fort Myers, FL	3390	5			
the age wa the	cha ent v s/we arti	mited liability company is not organized under the lawnge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the regability of the linited	giste con mit I lia	ered office and npany, it is here ted liability comability company nael Brandon	the business office of the reby confirmed that the charmpany or as otherwise proving.  Duke	egistered ige(s)
	_	ure a member or authorized en esentative of a member				ted or typed name of signee	
pro the to no	ovisi obl mere tifiet	by accept the appointment as registered agent and agrouns of all statutes relative tolthe proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I it in writing of this change.	ree to ac perfori d for in hereby	ct i mai : Cl :cor	in this capacity. nce of my duties hapter 605, F.S. nfirm that the li	n. I further agree to comply s, and I am familiar with a S. Or, if this document is be imited liability company ha	with the nd accept ing filed s been
Si	gratu	Pivision of Corporations P.O. I			. W. H. L	EL 20244	

**FILING FEE: \$25.00**