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SECRETARY OF STATE

DEC 1 6 2013 T. HAMPTON

COVER LETTER

TO: Registration Section

Division of Corporations

Trusted Lawn Service 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:

Robert L. Houle Jr.

Name of Person

Firm/Company

7741 Ironbark Drive

Address

Port Richey, FL 34668

City/State and Zip Code

trustedlawnservice@outlook.com

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

For further information concerning this matter, please call:

Robert L. Houle Jr.

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

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.

1. Na	me of the limited liability company: Trusted Lawn Service Li	c	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7741 Ironbark Drive Port Richey, FL34668	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7741 Ironbark Drive Port Richey, FL 34668	
October		L13000143559	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)) Registered Agent and Registered Office shown on t	he records of the Florida Dept.	of State:
	Registered Agent:	Sherri Houle	
	Registered Office Address:	7741 Ironbark Drive Port Richey, FL 34668	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		
	NEW Registered Agent:	Robert L. Houle Jr.	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7741 Ironbark Drive	
		Port Richey	,F[_34668
confir and th liabili the me the op	limited liability company is not organized under the lemed that after the change or changes are made, the Flate business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company. The of a member or authorized representative of a member	orida street address of the regis cal. Or, in the case of a Florid was/were authorized by an affi	stered office a limited irmative vote of
Printed	d or typed name of signee	- ES	
I here compleand I Chapte address	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po- ter 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity£1:fi per and complete performance sition as registered agent as pr	urtier agree to e of fly duties, ovided for in istered office f this change.
Signatu	ire of Registered Agent		

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