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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	ılv



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FLORIDA YARD ART, L	LC ed 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:		
NEIL PLOTKIN Name of Person			
FLORIDA YARD ART LL	<u>C</u>		
3751 Turtlemound RO			
Melbourne, FL 32934	, LL	14 OCT 24	
City/State and Zip Code		T 24	ī
E-mail address: (to be used for future annual report r	•	T24 AH ID: 1	Ĭ
For further information concerning this matter, please call	:	£	
NEIL PLOTKIN at (3)	21 751-4544 Area Code & Daytime Telephone Num	 iber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: $\frac{1}{\sqrt{2}}$	ORIDA	YAR-D	ART	LLC		
2. (a) 3751 TURHEMOUND						
Principal office address of limited liability (Note: MUST BE STREET ADDRE	company:	(b)	_	dress of limited lial		•
Melbourne FL 3	2934					
1 1		- <u>L</u>	140000	28605		
2/19/14		6	13001	101,29 1		
3. Date of filing/registration in Flor	ida	4.	Docume	ent number		
5. (a) NEHL PLOTKIN	Care	nostera	Suxic	a comp	sary	
Registered Agent and Registered Office shown on					`	•
3751 Tuetlemouse			Hous			
Registered Office Address (MUST BE FLORI	<u>DA STREET A</u>	DDRESS)		assu, Fl	3.2	105
			<u>Lorroy</u>	assu, ''	_	
MELBOURNE	, FL_	3293	<u>y</u>	••		
(b) NEIL PLOTKIN				A	14	
Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered	Office address:		5 X	00	77
3751 Tyetlemoun.	o Ro			25 C	[24	T reminde T
NEW Registered Office Address:				714	===	
m				, 41 , , 6 75 -		fam.
<u> </u>				, î.; 		
Melbourne	, FL_	32934		.	-	
If the limited liability company is not organized u	under the lass	s of the State o	of Florida, it is	s hereby confir	med that	after
the change or changes are made, the Florida street	et address of	the registered o	office and the	business office	of the re	egistered
agent will be identical. Or, in the case of a Florid was/were authorized by an affirmative vote of the						
the articles of organization or the operating agree				^	•	
How			JEILPL			
Signature of a member or authorized representative of a n				r typed name of sig	="	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper at the obligations of my position as registered agen to merely reflect a change in the registered office notified in writing of this change.	zent and agre nd complete p t as providea e address, I h	ee to act in this performance of for in Chapter ereby confirm	capacity. If my duties, ar r 605, F.S. O that the limite	further agree to nd I am familia r, if this docum ed liability com	comply r with an ent is be pany ha	with the nd accept ing filed s been
Signature of Registered Agent						