L14000043596

(Requestor's Name)
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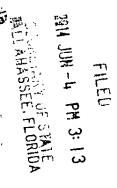
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Charge



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Luston Driven Landscaping Services, 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:		
Juan Morales Codines Name of Person		
N/A Firm/Company		
6129 Call 5t. Address		
Holly wood FL 33024 City/State and Zip Code		
Cesar. florian 26 smail. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Juan Morales Codines at (954) 773-1260 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 & 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. Name of the limited liability company:	Priven Landscaping Services LLC
2. (a) 6129 Call St.	(b) 6129 C-11 St.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Hollymad, Fl 33024	Hollywood, Fl 33024
3/17/14	#L14000043596
3. Date of filing/registration in Florida	4. Document number
5. (a) Lésar Florian	
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
6125 SW 4816 Cl. Ad. 2	
Registered Office Address (MUST BE FLORIDA STREET	
	we were
Davie F	d Office address:
(b) Juan Morales Godines	FLEU FILEU
Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
6129 Call St.	13. 13. 13
NEW Registered Office Address:	75
Hallywood, FI	33024
If the limited liability company is not organized under the la	ws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address o	f the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members	of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	e limited liability company.
Stron Hely	Suan More/85 Godines Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Juka MAD	
Signature of Registered Agent	