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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations						
Mayor Lawn Care LLC SUBJECT:	Mayor Lawn Care LLC					
	e of Limited Li	ability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning thi	is matter to the t	following:				
Tonya Mayor						
Name of Person		water				
Mayor Lawn Care LLC						
Firm/Company						
5743 Cope Lane						
Address						
Naples, Florida 34112						
City/State and Zip Code						
tweeks98@hotmail.com						
E-mail address: (to be used for future ann	ual report notiti	cation)				
For further information concerning this matter.	please call:					
Tonya Mayor	239 at (438-7025				
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	Reg Div P.C	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	□ \$5	5 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 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

l.	Na	me of the limited liability company: Mayor Lawn (Care LLC) 			
2. (a)	5743 Cope Lane Naples, Florida 34112	(b)	(b) PO Box 11655 Naples, Florida 34101			
`	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		3-27-2014	_	1400005			
3.		Date of filing/registration in Florida Tonya Mayor	4.	1	Document number		
5. (a)	(a)	Registered Agent and Registered Office shown on the records of the S743 Cope Lane Naples, Florida 34112 Registered Office Address (MUST BE FLORIDA STREET A	18 555				
		5743 Cope Lane			5 1		
		Naples . FL	34112				
(b)		Adolfo Mayor Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	o; 				
		same as above					
		NEW Registered Office Address:					
			<u></u>				
		, FL					
the d ager was	cha nt v /we arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the DOMAN WANTER	the registrability con of the limit limited lia	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Sig	znai	ure of a member or authorized representative of a member			Printed or typed name of signee		
prov the o to m	risi obl er€	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	ee to act i performa d for in Cl hereby con	n this capa ace of my d iapter 605, afirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Sign	رن atu	re of Registered Agent					

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