

L14000124551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289882495

500289882495
09/07/16--01040--012 **25.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP - 7 PM 3:29

SEP 15 2016

SEP 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Cut Above Lawn & Property 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:

Rob Brayshaw, CEO

Name of Person

A Cut Above Lawn & Property Services, LLC

Firm/Company

206 Wilson Green Boulevard

Address

Tallahassee, Florida 32305

City/State and Zip Code

Rob Brayshaw@hotmail.com

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

For further information concerning this matter, please call:

Rob Brayshaw

Name of Person

at (850) 322-0232

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 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: A Cut Above Lawn & Property Services, LLC

2. (a) 206 Wilson Green Blvd

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Tallahassee, Florida 32305

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SAME

3. 8/8/2014
Date of filing/registration in Florida

4. 614000124551
Document number

5. (a) United States Corporation Agents, Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

_____, FL _____

(b) Rob Brayshaw

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

206 Wilson Green Blvd

NEW Registered Office Address:

Tallahassee, Florida 32305

_____, FL _____

FILED
16 SEP - 7 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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 limited liability company.

RLR
Signature of a member or authorized representative of a member

Rob Brayshaw
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

RLR
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00