

L14000 124 551

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

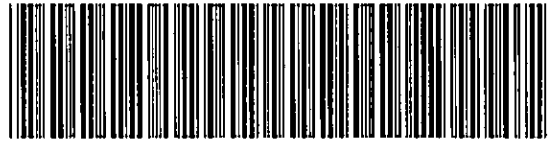
(Business Entity Name)

(Document Number)

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05/09/19--01007--024 \*\*25.00

MAY 20 2019

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Cut Above Lawn & Property Services,  
Name of Limited Liability Company LLC

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 Ashley Brayshaw  
Name of Person

A Cut Above Lawn & Property Services, LLC  
Firm/Company

3501 Blain Stone Road #128  
Address

Tallahassee, Florida 32301  
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 at ( 850 ) 322-0232  
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 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) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
3501 Blain Stone Road #128  
Tallahassee, FL 32301

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
3501 Blain Stone Road  
Tallahassee, FL 32301

3. Date of filing/registration in Florida: 5/7/2019

4. Document number: L14000124551

5. (a) Rob Brayshaw  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
206 Wilson Green Blvd  
Tallahassee, FL 32305

(b) Rob Brayshaw  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:  
3501 Blain Stone Road #128  
Tallahassee, FL 32301

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.

Robert A. Brayshaw  
Signature of a member or authorized representative of a member

Robert A. 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.

Robert A. Brayshaw  
Signature of Registered Agent

216000 160652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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MAY 20 2019  
S. YOUNG

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OSWAY 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:

Sergii Sukhorukov

Name of Person

Osway LLC

Firm/Company

304 Charleston Pl

Address

Celebration, Fl, 34747

City/State and Zip Code

seregatrevel@gmail.com

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

For further information concerning this matter, please call:

Sergii Sukhorukov

Name of Person

at ( 321 )

424-1450

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: Osway LLC

2. (a) 304 Charleston Pl, Celebration, FL, 34747 (b) 304 Charleston Pl, Celebration, FL, 34747

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

08/26/2016

3. Date of filing/registration in Florida

L16000160652

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Sergii Sukhorukov

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1420 Celebration Blvd, Suite 200

Celebration, FL 34747

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Sergii Sukhorukov

NEW Registered Office Address:

304 Charleston Pl

Celebration, FL 34747

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.

Sergii Sukhorukov  
Signature of a member or authorized representative of a member

Sergii Sukhorukov

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.*

Sergii Sukhorukov  
Signature of Registered Agent