

L15000071378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CL-P/LLS CURBING & HARDSCAPES 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:

MICHAEL E ANDREWS

Name of Person

CL-P/LLS CURBING & HARDSCAPES LLC

Firm/Company

14145 SE HWY 301

Address

SUMMERFIELD FL 34491

City/State and Zip Code

BELEUEW@AOL.COM

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

For further information concerning this matter, please call:

MICHAEL E ANDREWS at (352) 347-3329

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

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TALLAHASSEE, FLORIDA

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**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-ALLS CURBING - HARDCAPES LLC

2. (a) 1 Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

14145 SE Hwy 301
SUMMERFIELD FL
34491

(b) _____ Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

14145 SE Hwy 301
SUMMERFIELD FL 34491

3. 04/13/2015
Date of filing/registration in Florida

4. L 15000071378
Document number

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

14145 SE 301
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUMMERFIELD, FL 34491

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

NEW Registered Office Address:
14145 SE Hwy 301

SUMMERFIELD, FL 34491

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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.

MICHAEL E ANDREWS
Signature of a member or authorized representative of a member

MICHAEL E ANDREWS
Printed or typed name of signer

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.

MICHAEL E ANDREWS
Signature of Registered Agent