Division of Corporations



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To:

Division of Corporations

.....

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** £5

Email Address:___

LLC REGISTERED AGENT CHANGE V-FAMILY LANDSCAPE MAINTENANCE, LLC

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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

I. Na	une of the limited liability company.	dscape Maintenand	ce		
2. (a)	(b)				
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO)	any;	
	06/24/15		000109513		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
	Registered Agent and Registered Office shown on the record 476 RIVERSIDE AVE. Registered Office Address INUST BE FLORIDA STRE				
	JACKSONVILLE	. FL_32202	TALLAH	-	
(h).	Registered Agents Inc		B 19		
	Einter name of NEW Registered Agent and/or NEW Registered Office address:			ļπ	
	7901 4th St N		FEB 19 PM 4: U4	<u>.</u>	
	NEW Registered Office Address:		10)· J		
	STE 300				
	St. Petersburg	. FL			
he cha igent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of	ss of the registere ed liability compa ers of the limited	ed office and the business office of the re any, it is hereby confirmed that the chan I liability company or as otherwise provid	gistered ge(s)	
	ture of a member or authorized representative of a member	Robin Jor			
Seenal	ture of a member or authorized representative of a member		Printed or typed name of signee		

Thereby 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.

David Roberts - Assistant Secretary
Signature of Registered Agent