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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Green Frogg Lawr Name of Limited Liab	Care LLC ility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
Nicholas Martin Name of Person	
Green Frogg Lawn Care LL	.C
320 Moccasin Hollow Ro	
Lithia, FL. 33547 City/State and Zip Code	
Green frogg Jawns @ Gmail. wr E-mail address: (to be used for future annual report notifica	Y) tion)
For further information concerning this matter, please call:	
Name of Person at (813)) 580 - 9647 Area Code & Daytime Telephone Number
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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: <u>Green Frogg Lawn Care LLC</u> 2. (a) <u>Green Frogg Lawn Care LLC</u> (b) <u>Green Frogg Lawn Care L</u>
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
320 Morrosin Holloward P.O.Box 452
Lithia, FL 33547 Lithia, FL 33547
8/12/2015 L15000137550
3. Date of filing/registration in Florida 4. Document number
5. (a) Green Froz Lawn Care LIC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Mick Martin
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
337 Cypress Landing Dr.
Valnia 3596
(b) 2
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Nicholas Martin
NEW Registered Office Address:
320 Mcccasin Hollow Rd.
Lithia FL 33547
If the limited lightlity company is not organized under the laws of the State of Claride, it is hereby confirmed that after the
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.
Martin Signature of a member or authorized representative of a member Nictiolas Martin 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.
Signature of Registered Agent

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