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COVER LETTER

TO: Registration Section Division of Corporations

Seminole Landscaping and Garden Design, LLC

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SUBJECT:

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:

Sue Jane Cypress

Name of Person

Seminole Landscaping and Garden Design, LLC

Firm/Company

30290 Josie Billy Highway ; PMB 356

Address

Clewiston, FL 33440

City/State and Zip Code

seminolelandandgardendesign@aol.com

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

For further information concerning this matter, please call:

Sue Jane Bert

677-0711

863

at (____

Name of Person

of Person

Mailing Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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.

I. Na	ame of the limited liability company:	scaping ar	ind Garden Design, LLC
2. (a)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) 34550 Lucy Buster Billie Drive		(b)
	Clewiston, FL 33440		Clewiston, FL 33440
	02/09/2021		L15000153093
3. 5. (a)	Date of filing/registration in Florida Joseph D. Miller Jr & Company	4.	Document number
(,	Registered Agent and Registered Office shown on the records of 443 East Pasadena Avenue, Clewiston, FL 33440	of the Flori	rida Dept. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 443 East Pasadena Avenue	T <u>ADDRE</u>	<u>ESS)</u>
	Clewiston, I	۲L ³³⁴⁴⁰) 2021 FEB
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		
	Sue Jane Cypress		P
	NEW Registered Office Address:		గా . ఆ
	30290 Josie Billie Highway; PMB 356		36
	Clewiston	۲L <u>33440</u>)

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.

SUE Jane Cypress Printed or typed name of Signee Signature of a member or authorized representative of a member

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.

9 m Signature of Registered Agent

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