## 115000155233

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Decument Number)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



300331077383

\$7765 19 300 14-30 1 mags. 11

JUL 13 2019 S. YOUNG



## COVER LETTER .

INHS18 (2/14)

TO:	Registration Section Division of Corporations	,					
SHRI	LAWN AVENGERS LLC						
5000		me of Limited	Liability Company				
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.				
Please	e return all correspondence concerning t	his matter to the	e following:				
Eric i	N. McKay						
-	Name of Person		<del></del>				
The I	_aw Offices of Eric N. McKay						
	Firm/Company		<del></del>				
3948	3rd Street South, #297						
	Address						
Jacks	sonville Beach, FL 32250						
<del>-</del>	City/State and Zip Code						
eric@	ericmckaylaw.com						
	E-mail address: (to be used for future an	nual report noti	fication)				
For fu	rther information concerning this matter	, please call:					
Eric N	N. McKay	904 at (	<sub>_</sub> 651-8256				
	Name of Person	at \	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Ro D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314				
	Enclosed is a check for the following	g amount:					
	<b>∡</b> \$25 Filing Fec	□ \$	☐ \$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.

Florid	a.			_	~	[ ]
1. N	ame of the limited liability company: LAWN AVEN	GERS	3 LLC	<u> </u>		
2. (a)	101 Marketside, Ave., # 404, P.O. Box 253		(b) 10	01 Markets	side, Ave., #404	, P.O. Box 253
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0) _		g address of limited liz	
	Ponte Vedra, FL 32081		Р	onte Vedra,	, FL 32081	
		_			<u> </u>	
	09/11/2015	_	L1	500015523	3	
3.	Date of filing/registration in Florida	- 4.		Docu	ument number	
5. (a)	GULATI LAW, P.L.					
J. (4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dep	ot. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	(DDRE	<u>5.5)</u>		F	ゔ
	479 MONTGOMERY PLACE				(* ) -	草門
	Altamonte Springs . FL	32714	1			
	Eric N. McKov For	_			C.	= II
(b)	Eric N. McKay, Esq.	0.00				LED -1 #17-12
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	daress	÷	į	. 72
	The Law Offices of Eric N. McKay					
	NEW Registered Office Address:					
	3948 3rd Street South, #297					
	Jacksonville Beach	32250	)			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of the lii	gistere compa mited	d office and t any, it is herel liability com	the business office by confirmed that pany or as otherw	of the registered
				Nicholas (d. Bonn		
	ure of a member of authorized representative of a member				ed or typed name of sig	<b>1</b>
provisii the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ze to ac perforn l for in ereby c	et in ti nance Chap confir	his capacity. of my duties, ter 605, F.S. m that the lin	I further agree to, , and I am familia. Or, if this docum nited liability com	comply with the r with and accept ent is being filed pany has been
Signatur	e of Registered Agent					

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