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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: A FAMILY AFFAIR LANDSCAPING LLC Name of Limited Liability Company					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
RONALD DUFFY					
Name of Person					
Name of Ferson					
AFA LANDSCAPING LLC					
Firm/Company					
2872 MESSINA AVE SUITE: B					
Address					
ORLANDO, FL 32811					
City/State and Zip Code					
AFALANDSCAPING@GMAIL.COM					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please c	all:				
RONALD DUFFY at (21 460-3162				
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				

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. Na	ame of the limited liability company: A FAMILY AF	FAIR LANDSCA	APING LLC	
2. (a)	2872 MESSINA AVE	(b) 2872 MESSINA AVE		
. (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)	
	REAR APT.	REAR A	APT.	
	ORLANDO, FL 32811	ORLAN	DO, FL 32811	
	11/02/2015	L150001	85571	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	GUY, JUNIOR A			
s. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	e:	
	5574 GREEN SHADOWS PLACE APT.# 2	1-4		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	_	
	5574 GREEN SHADOWS PLACE APT.#	21-4	賞・ず	
	ORLANDO , FL	32811	OEC 16	
(b)	RONALD O. DUFFY		- ASSET TO ASSET	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	NEW Registered Office Address:		_	
	2872 MESSINA AVE SUITE: B		_	
	ORLANDO .FL	32811		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it of the limited liability	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. GUY	
Signa	ature of a member or authorized representative of a member	<u></u>	Printed or typed name of signee	
provis the ob to mer	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide refy reflect a change in the registered office address, I add in writing of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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