LIG 6006 71876

(Requestor's Name)	
(1042000.07.00.00)	
(Address)	9002851136
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	OF 100 Mg . 04000
Certified Copies Certificates of Status	05/02/1601039
Special Instructions to Filing Officer:	
	7. H. A. S. C. S. S. C.

Office Use Only



699

-014 **25.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuaui 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. N	ame of the limited liability company:LANDSCAPIN	IG ES	COBAR LL	.C
2. (a)		(l	o)	
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10270 SW 48 ST			
	MIAMI FL 33165	_		
	04/12/2016		L1600007	1870
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ESCOBAR GONZALEZ ABIGAIL			
()	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A 10270 SW 48 ST	DDRES:	<u>s)</u>	
	MIAMI	33165		
				TO MAY
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	
	ABIMAEL ESCOBAR			
	NEW Registered Office Address:	-		
	10270 SW 48 ST			
	MIAMI, FL	33165		
the ch agent 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 lia were authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	the regi ibility c f the lir	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
(Zandra González	SA	NDRA GC	NZALEZ
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change	ee to ac perforn I for in hereby c	t in this cape nance of my c Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , 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

Signature of Registered Agent