## 11600012254

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## COVER LETTER

ited Liability Company
ge and fee(s) are submitted for filing.
to the following:
<del></del>
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t notification)
all:
914-8338
Area Code & Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
:
□ \$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	me of the limited liability company: Native Outdoo	r Mair	tenance				
2.	(a)	5784 Center Ring Road	(b) 5784 Center Ring Road					
-	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited (Note: MAY BE POST		-	
		Sarasota, FL 34243		Sarasota	a, FL 34243			<del></del> -
		3/23/2017	_	L1600012	22254			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Jason Bennett						
	(-,	Registered Agent and Registered Office shown on the records of t 5784 Center Ring Road	he Florid	a Dept, of State	- c: -			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>27</u>				
		Sarasota , FL	34243	···	- <del>X</del>	/: [:	17 BEC	
	/h)	Nikkita Bennett			S : 40 S : 50 S : 40		326	, .
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- X(-	<b>≺</b> ,	A	-7747
		5784 Center Ring Road			. FI ORIG -		7: 2	र्भाः भूषि
		NEW Registered Office Address:			, , , , , , , , , , , , , , , , , , ,	-	، تبعه	
		Sarasota, FL	34243		-			
the age wa the	cha ent v s/w art	imited 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 ere authorized by an affirmative vote of the members of iclos of organization or the operating agreement of the	the reginability of the limited	stered office ompany, it i nited liabilit	e and the business off is hereby confirmed the ty company or as othe npany.	ice nat t rwis	of the	c registered ange(s)
_	_	turnof a member or authorized representative of a member			Printed or typed name of	_		7
pro the to	ovisi obi mer	by 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 ely reflect a change in the registered office address. It downtings of this change.	ee to ac perforn I for in nereby c	et in this cap nance of my Chapter 60: confirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co	to i liar ume omp	comp with ent is cany l	ly with the and accept being filed has been
-5ig	go fru	ric of Ripgistered Appril						

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