## L1600174067

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## COVER LETTER

Division of Corporations	
RIGHT CHOICE LANDSCAPE, LLC	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
ARNOLD WALKER	
Name of Person	
RIGHT CHOICE LANDSCAPE, LLC	
Firm/Company	<del></del>
4643 ZORITA STREET	
Address	<del></del>
ORLANDO, FL 32811	
City/State and Zip Code	
ARNOLDWALKER42@GMAIL.COM	
E-mail address: (to be used for future annual repor	notification)
For further information concerning this matter, please ca	11:
ARNOLD WALKER 40	7 242-0956
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:	
<b>☑</b> \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

## • 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: RIGHT CHO	ICE LA	NDSCAPE	Ξ, LLC	
2. (a)	4643 ZORITA STREET		<sub>b)</sub> 4643 Z0	ORTIA STREET	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	
	ORLANDO, FL 32811		ORLANI	DO, FL 32811	
	09/14/2016		L1600017	<del></del>	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida  JACOBWISE & CO INC.	4.		Document number	
v. (u)	Registered Agent and Registered Office shown on the records of 6601 OLD WINTER GARDEN RD #109	the Flori	la Dept. of Stat	- e: -	
	Registered Office Address (MUST BE FLORIDA STREET ORLANDO, FL 32835	<u>ADDRES</u>	<u>(SS)</u>		
	, FI			-	01 vision of co
(b)	ARNOLD WALKER				AN 2
(- )	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:	-	- <b>6</b>
	4643 ZORITA STREET				PH 4: 31
	NEW Registered Office Address:		· <u>-</u>	-	31 31
	ORLANDO, FL 32811			-	,
	FI	_			
Signat V Signat I herei provisi the obl to meranotified	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the operating agreement of the operating agreement of the object of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. If in writing of this change.	f the reg ability c of the lin- limited	istered office company, it is nited liability liability con HRN	e and the business of shereby confirmed to y company or as oth apany.  (a. A. WAL. Printed or typed name of the confirmed or typed name or typed	The of the registered that the change(s) erwise provided in