

L16 080 209062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

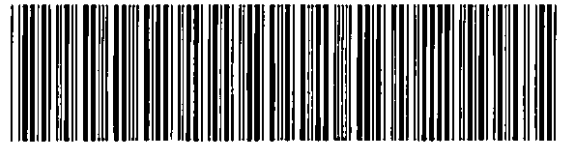
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418155301

10/30/23--01035--006 **55.00

2023 OCT 30 11:52:26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Landscape and Design, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Klisus

Name of Person

Advanced Landscape and Design, LLC.

Firm/Company

P.O. Box 443

Address

Hobe Sound, FL 33475

City/State and Zip Code

advancedlandscapeanddesignllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Klisus at (772) 215-5255
Name of Person Area Code & Daytime Telephone Number

2023 JUN 30 11:09:26

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Name of the limited liability company: Advanced Landscape and Design, LLC.

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3590 SE Dixie Hwy
Stuart, FL, 34997

P.O. Box 443
Hobe Sound, FL, 33475

3. 10/25/2023 Date of filing/registration in Florida 4. L16000209062 Document number

5. (a) Howard J Mofsen
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

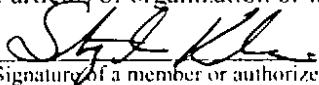
3590 SE Dixie Hwy, Stuart, FL, 34997
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
5541 N. University Dr., Suite 103
Coral Springs, FL 33067

(b) Dino Canni
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
8167 SE Coconut Street
Hobe Sound, FL, FL 33455


2023 OCT 30 PM 9:26

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 Signature of a member or authorized representative of a member

Stephen Klisus
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 Signature of Registered Agent