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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Puninger Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

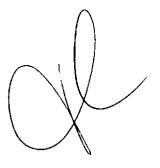




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COVER LETTER

Divis	sion of Corporations					
(1111 II) (VII)	Advanced Landscape and Design, LLC.					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or M	dadam:					
The enclosed	Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning	this matter to th	e following:			
Stephen Klisu	s					
	Name of Person					
Advanced Lar	ndscape and Design, LLC.					
	Firm/Company					
P.O. Box 443						
	Address					
Hobe Sound, I	FL. 33475					
	City/State and Zip Code					
advancedlands	scapeanddesignlle@gmail.com					
E-mail	address: (to be used for future a	nnual report not	ification)			
For further in	formation concerning this matte	er, please call:				
Stephen Klisus		772 at (215-5255			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 nhassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	osed is a check for the followir	ig amount:				
□ \$2	5 Filing Fee	•	\$55 Filing Fee & Certified Copy			

TO:

Registration Section

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	ame of the limited liability company: Advanced Landse	rape and Desig	n, LLC.			
		(b)				
2. (4)	Principal office address of limited liability company: (<u>Note:</u> <u>MUST BE STREET ADDRESS</u>)	(\``/	Mailing address of limited li (Note: MAY BE POST O			
	3590 SE Dixie Hwy	P.C). Box 443			
	Stuart, FL, 34997	Но	Hobe Sound, FL. 33475			
	10/25/2023	1,160	000209062			
3.	Date of filing/registration in Florida	- _{4.}	Document number	~~~~		
<i>.</i>	Howard J Mofsen			023		
5. (a)	Registered Agent and Registered Office shown on the records of	. of State:				
	3590 SE Dixie Hwy. Stuart, FL, 34997		20 23 C CT 3-0			
	Registered Office Address (MUST BE FLORIDA STREET.					
	5541 N. University Dr., Suite 103		<u> </u>			
	Coral Springs, FL		26			
	, , ,	- ,				
(b)	Dino Cauni					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address	:			
	NEW Registered Office Address:					
	8167 SE Coconut Street					
	Hobe Sound, FL.	33455				
change agent v was/we the arti Signa I herei provisi the oblito mere	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the nurvoif a member or authorized representative of a member by accept the appointment as registered agent and agreeing of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if it writing of this change.	registered of ability compa of the limited liabil	fice and the business office of ny, it is hereby confirmed that liability company or as otherwity company. Printed or typed name of some conacity. I further agree to	the registered the change(s) vise provided in signer		
	re of Registered Agent					

AUTOCO OF FOR