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S. WARREN 'JUN 2 7 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Heritage Caup & Name of Limited I	Snd Scapes Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
AdAm Kysdyk Name of Person	
Heritage Gun & Knoscape. Firm/Company	<u>S</u>
PO Box 100842  Address	
PAlm BAY FL. 32910  City/State and Zip Code  heritage lawns florida @ Comain  E-man address: (to be used for future annual report noti	<u> </u>
heritage lawns floride @ Comain E-man address: (to be used for future annual report noti	1. Com fication)
For further information concerning this matter, please call:	
Adam Rysdyk at (321) Name of Person	Area Code & Daytime Telephone Number
Registration Section Re Division of Corporations Di	HAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327

Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

☐ \$25 Filing Fee

## 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	Name of the limited liability company: Heritage Count & Candson	Pes
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  PAlm BAY FL. 32909  Mailing address of limited liab (Note: MAY BE POST OF	PODR illity company: FICE BOX)
3.	Date of filing/registration in Florida  L 17000019663  Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  786 SN F.C. PRO DR.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ال 17
(b)	PAIm BAY FL 32909  Of Main Rys dyk  Enter name of NEW Registered Agent and/or NEW Registered Office address:	FILED JUN 26 PM 12: 57
	786 San Filippo DR.  NEW Registered Office Address:  PAlm BAY FL 32909	
the char agent w was/we	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmation thange or changes are made, the Florida street address of the registered office and the business office twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that twere authorized by an affirmative vote of the members of the limited liability company or as otherwitticles of organization or the operating agreement of the limited liability company.	of the registered he change(s)
Signati Lhereh provisio the obli to mere	nature of a member or authorized representative of a member  Printed of typed name of sign of the appointment as registered agent and agree to act in this capacity. I further agree to significant the appointment as registered agent and complete performance of my duties, and I am familiar bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume the proper of this chapter of this chapter.	comply with the with and accept
A	dure of Registered Agent	