1170000 53053

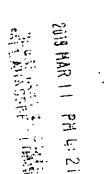
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(==, ==================================			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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03/11/19--01037--011 **25.00





COVER LETTER

INHS18 (2/14)

•		COVER DETTER		
TO: Registration Section Division of Corpor			LLC THE STATE OF T	
SUBJECT: ALVA	IREZ LAWN	CARE SERVICES,	LLC TO	
	Name o	of Limited Liability Company		
Dear Sir or Madam:				
The enclosed Registered A	gent/Registered Office	Change and fee(s) are submitted for	filing.	
Please return all correspond	dence concerning this n	natter to the following:		
	Alvarez ame of Person '			
Alvarez La	wn Care S	services, LLC		
	LAWRENCE	E Rd.		
City/S	FL 3344 tate and Zip Code			
Official a E-mail address: (to be	. Narez lawn c used for future annual	report notification)		
For further information con	neerning this matter, ple	ease call:		
		at (
Name of P		Area Code & Daytime	Telephone Number	
STREET/COURI	ER ADDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section	Registration Section	
Division of Corporations		Division of Corporations		
Clifton Building			P.O. Box 6327	
2661 Executive Ce Tallahassee, Florid		Tallahassee, Florida 32314		
Enclosed is a chec	ck for the following an	nouat:		
\$25 Filing Fee		□ \$55 Filing Fee & Certified	1 Сору	

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	me of the limited liability company: ALVAREZ L	AWN CARE SERVICES LLC
		(b) P.O BOX 671
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clewiston, FL 33440	Clewiston, FL 3344
2	Date of filing/registration in Florida 4.	L17000053053
3.		
J. (a)	Registered Agent and Registered Office shown on the records of the Flor 13302 WINDING OAK COURT Registered Office Address (MUST BE FLORIDA STREET ADDRE	rida Dept. of State: - A
(h)	TAMPA ,FL 3 CARLOS ALVAREZ	3612 address:
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office	address:
	1036 ART LAWRENCE Rd. NEW Registered Office Address:	
	CLEWISTON ,FL 3:	3440
the cha agent v was/we the arti Signal I herei provisi the obl	imited liability company is not organized under the laws of tange or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the lights of organization or the operating agreement of the limite for a member or authorized representative of a member of all statutes relative to the proper and complete performing the position as registered agent as provided for its injurious of my position as registered office address, I hereby a myriting of this change.	egistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ediability company. Carlos Alvarez Printed or typed name of signee act in this capacity. I further agree to comply with the
Signatu	re of Registered Agent	