

L170000 53053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 MAR 11 PM 4:21  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALVAREZ LAWN CARE SERVICES, LLC  
Name of Limited Liability Company

2013 MAR 11 PM 4:21  
TALLAHASSEE, FLORIDA

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:

Carlos Alvarez  
Name of Person

Alvarez Lawn Care Services, LLC  
Firm/Company

1036 ART LAWRENCE Rd.  
Address

Clewiston, FL 33440  
City/State and Zip Code

officialalvarezlawn@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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:

☒ \$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: ALVAREZ LAWN CARE SERVICES, LLC

2. (a) 1036 ART LAWRENCE RD.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Clewiston, FL 33440

(b) P.O BOX 671

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Clewiston, FL 33440

03/06/2019

3. Date of filing/registration in Florida

L17000053053

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) CARLOS ALVAREZ

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1036 ART LAWRENCE RD.

**NEW** Registered Office Address:

CLEWISTON, FL 33440

2019 MAR 11 PM 4:21  
TALLAHASSEE  
FILING

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.

Carlos Alvarez

Signature of a member or authorized representative of a member

Carlos Alvarez

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.

Carlos Alvarez

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00