

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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TECHNOEDER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: F & F Landscaping 22C 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:				
Freddy Guerrero Name of Person				
F+F Landscaping LLC Firm/Company				
46115. University Dr. #9	460			
Day'e F1. 33328 City/State and Zip Code				
E-mail address: (to be used for future annual	l report notification)			
For further information concerning this matter, ple	ease call:			
Freddy Coverrero Name of Person	at (954) 5364725 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			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTY LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability cosubmits the following statement in order to change its registered office or registered agent, or both, in the Eflorida.

1. Na	ame of the limited liability company: <u>F+F-LandScaPin</u>	g LCC
	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX
	4611 S. University Dr. #460 461	1 S. University Dr. #
	Davie F1. 33328 Da	vie F1. 33328
	04/20/2017 617	000088460
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	4611 S. University Dr. # 460	_
	Davie .FL 33328	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	JUN 27
	4350 SW 62nd AVQ NEW Registered Office Address:	B STATE
	4350 SW 62nd AVE	, AGE , S
	DavieFL_33314	_
the cha agent v was/we	imited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it are authorized by an affirmative vote of the members of the limited liability coefficies of organization or the operating agreement of the limited liability coefficient.	te and the business office of the reg is hereby confirmed that the change ty company or as otherwise provide
4	Fr Fr	Printed or typed name of signee
I herel provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address. I hereby confirm that it in writing of this change. The of Registered Agent	pacity I further garee to comply w
	,	