

L17 000102813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER\***

**TO:** Registration Section  
Division of Corporations

Pro Care Landscaping and Janitorial Services LLC

**SUBJECT:** \_\_\_\_\_  
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:

Willie Robinson

\_\_\_\_\_  
Name of Person

Pro Care Landscaping and Janitorial Services LLC

\_\_\_\_\_  
Firm/Company

375 Foxfire Court

\_\_\_\_\_  
Address

Quincy, FL 32351

\_\_\_\_\_  
City/State and Zip Code

Robin585@live.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willie Robinson

850

363-6373

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

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.*

Pro Care Landscaping and Janitorial Services LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

375 Foxfire Court

Quincy, FL 32351

May 09, 2017

Mailing address of limited liability company:

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

375 Foxfire court

Quincy, FL 32351

L17000102813

3. Date of filing/registration in Florida

Cheyenne Moseley

4. Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
United States Corporation Agents, INC.

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

13302 Winding Oak Court A

Tampa

33612

, FL

(b)

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

Willie Robinson

**NEW Registered Office Address:**

375 Foxfire Court

Quincy

32351

, FL

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TALLAHASSEE FLORIDA

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.

Willie Robinson

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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.*

Signature of Registered Agent