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AUG 0 7 2017 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Blue Collar Lawn Care, LL SUBJECT:	.C of FL
<del></del>	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
James McQuaide	
Name of Person	
Blue Collar Lawn Care, LLC of FL	
Firm/Company	· <del></del>
3804 Tyndale Drive	
Address	
Jacksonville, FL 32210	
City/State and Zip Code	<del> </del>
bluecollarlawncare@aol.com	
E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matter	er, please call:
James McQuaide	904 514-8689
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	ng amount:
S25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

2. (a) _ (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  9660 Commonwealth Avenue  Jacksonville, FL 32220  07/24/2017  Date of filing/registration in Florida  LegalZoom Registered Agent Services  Registered Agent and Registered Office shown on the records of the street agent and Registered Office shown on the records of the street agent and Registered Office shown on the records of the street agent and Registered Office shown on the records of the street agent and Registered Office shown on the records of the street agent and Registered Office shown on the records of the street agent and Registered Office shown on the records of the street agent	- 4.	3804 Ty Jacksor 82-22767	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  (ndale Drive  nville, FL 32210  Document number
3.	(Note: MUST BE STREET ADDRESS)  9660 Commonwealth Avenue  Jacksonville, FL 32220  07/24/2017  Date of filing/registration in Florida  LegalZoom Registered Agent Services		3804 Ty Jacksor 82-22767	(Note: MAY BE POST OFFICE BOX)  (ndale Drive  nville, FL 32210
3.	Jacksonville, FL 32220 07/24/2017 Date of filing/registration in Florida LegalZoom Registered Agent Services	- 4.	Jacksor 82-22767	nville, FL 32210 752
3.	07/24/2017  Date of filing/registration in Florida  LegalZoom Registered Agent Services	- 4.	82-22767	752
3.	Date of filing/registration in Florida LegalZoom Registered Agent Services	- 4.		
	LegalZoom Registered Agent Services		Dant of Sto	Document number
5. (a)		he Florida	Dant of Star	
$J_{i} = \{a_{j}\}_{i}$	Registered Agent and Registered Office shown on the records of t	he Florida	Dant of Star	
I			Dept. or Star	te:
				~
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	- ÉS 🕳
	13302 Winding Oak Court, Suite A			
	Tampa, FL	33612		766-4 7680) 7888
(b) `	James McQuaide			## 7:4 10:00 PM
–	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	- 7.41 ORID:
	NEW Registered Office Address:		· · · · ·	_
	3804 Tyndale Drive			
				_
	Jacksonville, FL	32210		_
the chan agent wi was/wer	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	the reginability confitted in the limited	stered offic impany, it ited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signatu	are of a member or authorized representative of a member			Printed or typed name of signee
provisió the oblig to merel notified	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a considered by this change.	ee to ac perform I for in ( iereby c	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been