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Division of Corporations

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From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone Fax Number

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LLC REGISTERED AGENT CHANGE JADE LANDSCAPING LLC

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EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

à

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.

	me of the limited liability company: Jade Lan		<u> </u>				.
2. (a) .	3041 CAVEL STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· -	_(b) <u>3041</u>	Mailing address of limi (Note: MAY BE PO	ted liabilit		-
	WEST MELBOURNE, FL 32904	<u> </u>	WES	T MELBOURNE, F	L 3290	14	
	07/25/2017		L1700	00158947			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a)	TC BUSINESS CONSULTING						
). (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept-of	State:			
	2108 GRANT PLACE					91 B	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRE	SS)		±., i	DEC	:
	101				NEW YORK	2	·-
	MELBOURNEFI	3290	01		 	8 AM	; [7]
(b)	Registered Agents Inc.				1.084 1.084 1.084	بې	C
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address.		***	0	
	7901 4th St N						
	NEW Registered Office Address.						
	STE 300						
	St. Petersburg	337	02				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members called of organization or the operating agreement of the	the reability of the limite	gistered o company. imited lial	flice and the business, it is hereby confirmed bility company or as o company.	office of d that the	i ine rei e chang	c(s) šisietec
Signa	ture of a member or authorized representative of a member		iicy r air	Printed or typed nam	ne of signe	e	
I herei provisi the obl to mere natified	by accept the appointment as registered agent and agent on so fall statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change. Bill Havre - Assistar	r perjoi ed for i hereby	mance of n Chapter confirm t	capacity. I further ag my duties, and I am fo 605, F.S. Or, if this o that the limited liabilit	ree to co imiliar w locumen ly compa	omply weith and t is bein ny has	rith the l accep ig filea been

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent