## L17000188405

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## **COVER LETTER**

Division of Corporations		
SUBJECT: All LAWNS + Pest Name of Limited Lia	LLC bility 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:		
Robert S Harvin Jr Name of Person	<b>-</b> 	
All lawns + Post 1/C Firm/Company		
1325 NE 53rd 54		
Ocafa F1 34479	_	
City/State and Zip Code		
all lawns and pest@gmail. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert SHarvin IV at (352)	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

 $\hfill \square$  \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

A 13	
1. Name of the limited liability company: 4 1 10WNS 4	Pest 110
2. (a) 1325 NE 53rd3 + (b)	Same
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Oca1a F1 34479	
9.5.2017	17000188405
3. Date of filing/registration in Florida 4.	Document number
5. (a) Kobert S Harvin	
Registered Agent and Registered Office shown on the records of the Florida Dept. of St	ate:
13.25 NF 53 rd ct	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>
()afa F1 34479	~>
	' 
FL	<u> </u>
Paharl & Harryn to	17
(b) KOLLYT COLLYT LOGIC Agent and/or NEW Registered Office address:	<del>-</del>
Enter traine of NEW Registered Agent and/or NEW Registered Office address.	، فِي
1325 NE 53rd ST	
NEW Registered Office Address:	)
()Cafa F/ 344 17	<u>_</u>
, FL	
to be timbered the little common to not committed and with a lower of the State of b	Tarido it is haraby confirmed that after the
If the limited liability company is not organized under the laws of the State of F change or changes are made, the Florida street address of the registered office a	nd the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it was/were authorized by an affirmative vote of the members of the limited liabil	is hereby confirmed that the change(s)
the articles of organization or the operating agreement of the limited liability co	
Kop	ert S Harring
Menature of a member or authorized representative of a member	Printed or typed flame of signee
I hereby accept the appointment as registered agent and agree to act in this caprovisions of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the  duties, and I am familiar with and accent
provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60 to merely reflect a change in the fegistered office address, I hereby confirm that	75, F.S. Or, if this document is being filed to the limited liability company has been
notified in writing of this charge.	t in that the many company has been

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