L17000201395

(Requestor's Name)						
(Add	ress)					
(Add	ress)					
(City	/State/Zip/Phon	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to F	iling Officer.					





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MAR 20 2019 S. YOUNG 19 MAR 11 PH 6: 05

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ITC Landscape LLC		
		ne of Limited I.	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.
Płease	return all correspondence concerning th	is matter to the	: following:
Danie	el Johnson		
	Name of Person		
ITC L	ANDSCAPE		
	Firm/Company	-	_
3525	S.E 2ND PL		
	Address		
Cape	Coral, FL 33904		
	City/State and Zip Code		
itclan	dscape@yahoo.com		
I	E-mail address: (to be used for future ann	nual report noti	fication)
For fu	rther information concerning this matter,	please call:	
Danie	el R. Johnson	239	834-7474
	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	Ro D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee	u \$	55 Filing Fee & Certified Copy
INHS1	8 (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.

i. Na	ume of the limited liability company:	!TC Landscap	e LLC						
2. (a)	3525 S.E 2ND PL Cape Coral	, FL 33904	(b)	3525 S.	E 2ND PL Cap	e Coral	, FL :	33904	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.	September 28, 2017 Date of filing/registration in	n Florido	 	_1700020	01395				
J.	UNITED STATES CORPORA				150cument numo				
5. (a)	Registered Agent and Registered Office sho 13302 WINDING OAK COUF Registered Office Address (MUST BE I			Dept. of State	- c: -				
	Tampa	, FL	33612		-	ALLANA	9 MAR	TI	
41.	Daniel Johnson					55:			
(b)	Enter name of NEW Registered Agent and	/or NEW Registered	Office add	ress:	_	T)	₽	\Box	
	3525 S.E 2ND PL				_	, FLORIDA	6: 05		
	NEW Registered Office Address:								
	3525 S.E 2ND PL				-				
	Cape Coral	, FI,	33904		_				
the cha agent y wax/wa	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited lia of the members o	the registability confirmation of the limited li	ered office npany, it is ted liabilit	e and the business s hereby confirme y company or as anpany.	s office of ed that the	f the r e chan	egistered gc(s)	
Signa	ture of a member of authorized representative				Printed or typed na	mc of signe	e	. <u>.</u>	
provisi the obl to meri	by accept the appointment as registeriors of all standes relative to the proligations of my position as registered ely reflect a change in the registered in writing of this change	red agent and agr per and complete agent as provided office address, I h	ee to act performa d for in C hereby co	in this cap nce of my hapter 603 nfirm that	acity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to co familiar w document ity compa	omply vith ar t is be ny ha:	with the nd accept ing filed s been	
Signatu	re of Registered Argent								
	Division of Corp	orations• P.O. E	Box 6327	Tallabas	ssee, FL 32314				

FILING FEE: \$25.00