Page 2 of 4

3/26/2018

To

239628300 From Meghan Smith

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000955193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (85%)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business mentity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC REGISTERED AGENT CHANGE ENDLESS LAWN CARE LLC

Certificate of Status	0
Certified Copy	I
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

B FIGUEROA

TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT: ENDLESS LAWN CARE LLC					
Name of Limited-Liability-Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Cheyenne Moseley					
Name of Person					
Legalzoom.com, Inc.					
Firm/Company	 				
101 N. Brand Blvd.,;10th Floor					
Address					
Glendale, CA 91203					
City/State and Zip Code	in a second control of the control o				
jessybowman@rocketmail.com					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter.	please call:				
Cheyenne Moseley	800 773-0888 ext 9724				
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 amount:					
□ \$25 Filing Fee	□ \$55 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

1. N	nme of the limited liability company: ENDLESS L	AWN C	ARE LLC		
2. (a)	, , , , ,	(i			
()	Principal office address of limited liability company: (Note: MUST HE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8470 SEVILLE AVE.		8470 SE	EVILLE AVE.	
	JACKSONVILLE, FL 32244		JACKS	ONVILLE, FL 32244	
	02/01/2018		L180000	28729	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CLARISSA BOWMAN				
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dopt, of Stat	- c:	
	•				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S1</u>	MAR	
	8470 SEVILLE AVE.			NI OH.	
	JACKSONVILLE	, 32244		TARY OF CO	
		L,		THE PROPERTY OF THE PROPERTY	
(b)					
()	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ldress:	AM 6: 52	
UNITED STATES CORPORATION AGENTS, INC.					
	NEW Registered Office Address:				
	13302 WINDING OAK COURT, SUITE A			-	
	TAMPA , F	1. 33612	<u></u>	***	
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited erre authorized by an affirmative vote of the members ticks of organization or the operating agreement of the	of the reg liability of of the lit se iimited	istered office oinpany, it i nited liability liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in an any.	
_	after of member or authorized representative of a member			Printed or typed name of signee	
provis the ol to me	by adject the appointment as registered agent and agions of all statutes relative to the proper and completifications of my position as registered agent as providing the reflect a change in the registered office address, and in writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETA STATTS CORPORATION AGENTS, INC.	e perjorn led for in I hereby (chapter 60 Chapter 60 confirm that	acity. 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	
Signat	ure of Registered Agent				
	Division of Cornerations P.O.	Box 637	74 Tellohe	seen EL 32314	

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

INHS18 (2/14)