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(Requestor's Name)	_
(Address)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Yard Pros Name of Limited L	LLC .iability 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:
Bernany Catconia Name of Person	
Florida Yard Pros, UC Firm/Company	·
3810 NE 10th Ave Address	2023
Cape Corul FL 33989 City/State and Zip Code	
Floriday and pros e gmail. Co E-mail address. (to be used for future annual report notifi	OM ication)
For further information concerning this matter, please call:	·
Bechany Catania at (508)	317-1986 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fce & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: Florida Yar	d Pas
- a s- out A.	3810 NE 10th AVR
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Carca F1 33949	Cape Coral FL
cape corror > > > 101	/ 33909
00/28/2018 L	180000 53382
3. Date of filing/registration in Florida 4.	Document number
5. (a) Beahany Michelle Cot and	
Registered Agent and Registered Office shown on the records of the Florida De	pt. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Cape Coral .FL 3390	39 383
<u> </u>	
(b) Matthew Avery	
Enter name of NEW Registered Agent and/or NEW Registered Office address	•
	; ; T0
NEW Registered Office Address:	
	· ·
, FL	
If the limited liability company is not organized under the laws of the Stachange or changes are made, the Florida street address of the registered cagent will be identical. Or, in the case of a Florida limited liability compwas/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited liab	office and the business office of the registered rany, it is hereby confirmed that the change(s) diability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performanc the obligations of my position as registered agent as provided for in Cha to merely reflect a change in the registered office address, I hereby confinolified in writing of this change.	e of my auties, and 1 am familiar with and accept nter 605. F.S. Or. if this document is being filed
Signature of Registered Agent Division of Corporations P.O. Box 63270	r-H-b Ft 22214