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Division of Corporations

Fax. Number : (850)617-6383

From:

Account Name : WATSON SLOAME JOHNSON PLLC.

Account Number : I20150000117 Phone : (407)622-6751 Fax Number : (866)440-1211

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## LLC REGISTERED AGENT CHANGE PREMIER LANDSCAPES ORGANIZATION, LLC

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## 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	Tame of the limited liability company:  Premier Landson	apes Orga	nization, LLC	; 	·		
2. (a)			'h)				
` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· · /	Mailing address of I	imited liabili	ty company	:
	6900 Tavistock Lakes Blvd., Suite 400		6900 Tavistock Lakes Blvd., Suite 400				
	Orlando, FL 32827						
	03/21/2018		L180000720	050			
3.	Date of filing/registration in Florida	— 4.		Document numb	xr		
5. (a)	)						
	Registered Agent and Registered Office shown on the records o  C T Corporation System	f the Florid	la Dept. of State	 c:		~	
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road				•	2020 NOV 13	7
	Plantation, F					V 13	
		<u> </u>		-	7. (2.1		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	ddress:	-		AH 11: 2:	
	Watson Sloane PLLC				i	01	
	NEW Registered Office Address:			-			
	100 S. Orange Avenue, Suite 1000						
	Orlando , Fl	L 32801		_			
hange igent v vas/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	ws of the register ability co of the lir limited	State of Flo ed office and ompany, it is nited liability	orida, it is hereby I the business off hereby confirme y company or as	fice of the	registered change(s)	i )
Signa	sture of a member or authorized representative of a member	-		Printed or typed nar	me of signee		
rovis. he obi a iner	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to ac perform d for in hereby c	in this capa ance of my a Chapter 605, onfirm that t	icity. I further as luties, and I am f F.S. Or, if this he limited liabili	gree to con amiliar wi document ty compan	nply with th and aci is being fi v has beer	the cept led
Sionan	He of Registered Agent						