118000080133

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
Certified Copies Certificates of Status				

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SECRETARY OF STATE

NI ANASSES ET ORDA

O SIRAMONS JUL 1 0 2018



June 22, 2018

LUKE ABITAN 180 W 3RD ST CHULUOTA, FL 32766

SUBJECT: FLORIDA'S FINEST LAWN & LANDSCAPE LLC

Ref. Number: L18000080233

We have received your document for FLORIDA'S FINEST LAWN & LANDSCAPE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 418A00013065

COVER LETTER

TO: Registration Section Division of Corporations	*			
Florida's Finest I	Lawn & Landscape LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.			
Please return all correspondence	concerning this matter to the following:			
Luke Abitan				
Name of	Person			
Florida's Finest Lawn & Lan	dscape LLC			
Firm/Cor	npany			
180 W 3rd St				
Addres	s			
Chuluota FL 32766				
City/State an	d Zip Code			
lukeabitan@gmail.com				
E-mail address: (to be used	for future annual report notification)			
For further information concerning	g this matter, please call:			
_uke Abitan	407 9528254			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER AL	· · · · · · · · · · · · · · · · · · ·			
Registration Section	Registration Section			
Division of Corporations	•			
Clifton Building	P.O. Box 6327			
2661 Executive Center Ci Tallahassee, Florida 3230				
Enclosed is a check for the following amount:				
2 \$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	ame of the limited liability company: Florida's Fine	st Lawn 8	Landscape LLC
2. (a)	3084 Natoma Way Orlando, FL 32825	(b) 3084 Natoma Way Orlando, FL 32825	
-: (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/29/2018		8000080233
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		<u> </u>	
	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	3084 Natoma Way		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	•
	Orlando .FL	32825	
(b)	Luke Abitan		ECRET!
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 180 W 3rd St	Office addre	FILED 7.15 ECRETICATE PLORIDA SECRETICATE PLORIDA
	NEW Registered Office Address:		DATE S
	Chuluota . FL	32766	
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comp of the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	type of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agricons 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 din writing of this change. The of Registered Agent	performand d for in Cha hereby conf	this capacity. I further agree to comply with the

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