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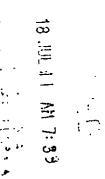
(R	equestor's Name)				
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations					
SUBJECT: Ariel Lawn Service, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	is matter to the following:				
Nelson Ariel Lopez					
Name of Person					
Ariel Lawn Service, LLC					
Firm/Company					
943 Skylark Dr	· .	9 11			
Address					
Fort Pierce, FL 34982		<u> </u>	;		
City/State and Zip Code	• • •	7: 5	;'		
theminisuper@gmail.com		্রে ক্র			
E-mail address: (to be used for future annual	ual report notification)				
For further information concerning this matter,	please call:				
Nelson A Lopez	772 621-0996				
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	S55 Filing Fee & Certified Copy				

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. Na	ame of the limited liability company: Ariel Lawn S	ervice, LLC			
2. (a)	943 Skylark Dr	(b) Sar	Sama as Brigainal address		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Pierce, FL 34982		Mailing address of limited (Note: MAY BE POST		
3.	4/2/2018 Date of filing/registration in Florida		00083649 Document number		
5. (a)	Nelson A Lopez				
J. (a)	Registered Agent and Registered Office shown on the records of 943 Skylark Dr Registered Office Address (MUST BE FLORIDA STREET)		of State:		
	Fort Pierce, FI	L_34982			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:	d Office address:		MH 7: 39	
	, FI	L			
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members celes of organization or the operating agreement of the	f the registered lability company of the limited life limited liability	office and the business of y, it is hereby confirmed the ability company or as othe y company.	fice of the registered hat the change(s)	
		Nelson A	<u> </u>		
I herei provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I lim writing of this change.	ree to act in this performance o ed for in Chapte hereby confirm	Printed or typed name of scapacity. I further agree of my duties, and I am Jami or 605, F.S. Or, if this docthat the limited liability of	e to comply with the	