## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062 Fax Number

: (323)962-8600 : (323) 962-3889

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

Email	Address:	 		 	

## LLC REGISTERED AGENT CHANGE M & G LAWN SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

T. CLINE AUG 31 2018

**EXAMINER** 

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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	M & G LAWN SERVICE LLC	;	
SOBA	Nam	e of Limited L	iability Company
Dear S	Sir or Madam:		
The en	iclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the	following:
Chey	venne Moseley		79≅
	Name of Person		<u> </u>
Lega	Izoom.com, Inc.	_	ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن
	Firm/Company		
101	N. Brand Blvd., 10th Floor		ii Q
_	Address		
Glen	dale, CA 91203		
	City/State and Zip Code		<del></del>
mark	:1964skrivan@gmail.com		
<del></del> 1	E-mail address: (to be used for future ann	ual report noti	fication)
For fu	rther information concerning this matter,	please call;	
Chey	venne 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	Ro Di P.	AILING ADDRESS: ogistration Section ivision of Corporations O. Box 6327 nilahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	Q S	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: M&G LAWN	SER	VIC	E LLC	··············			
	Principal office address of limited liability company:		(b)		Asiling address of lim			
	(Note: MUST BE STREET ADDRESS) 1349 WATERFALL DR.			1340 14/4	<i><u>Note: MAYBEP</u></i> ATERFALL DR		FICE BOX)	
		~-	-		<del></del>		<del>-</del>	
	SPRING HILL, FL 34608		-	SPRING	HILL, FL 3460	J8 	···	
	06/14/2018	_	L	1800014	16942			
3.	Date of filing/registration in Florida	4.	_		Document numb	61		
5. (a)								
	Registered Agent and Registered Office shown on the records of	the Flor	lda (	Pept. of State	•:		5.2	
	Mar J. Skrivan	A FORD D	2001				150 150	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1349 WATERFALL DR.						<del>A</del> .	
		3460	<u> </u>			٠.	∆U5 3u	
	SPRING HILL FL							
(b)	Mary J. Skrivan						and the state of	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	adda	<b>733</b> :	•	•	ea F	
	1349 Waterfall Dr						Ğr.	
	NEW Registered Office Address:			•	•			
	Spring Hill	3460	8					
							1.1 6.	
the ch agent	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization of the operating agreement of the	the re ability of the 1	gist con imit	ered office npany, it is red liability	eand the business s hereby confirme y company or as o	office : ed that t	of the regis	terea 5)
	Mah De Stauce			k D. Skriv	/an	<del></del>		
	ature of a member or authorized representative of a member			in thin and	Printed or typed nan	_		h tha
I here provis the ob to men notifie	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is in writing of this change.	ree to t perfoi d for li hereby	acti rma n Ci r coi	in trus capa nce of my l hapter 605 ufirm that	acity. I further all during the first and I am I in F.S. Or, if this the limited liabili	andliar docume ty comp	comply with with and a ent is being pany has be	ccept filed en
Signat	Woly Shuon							
3.5	Division of Corporations • P.O. 1	Roy 67	27-	Tallahar	see. F1. 32314			
	FILING F							

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INHS18 (2/14)

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