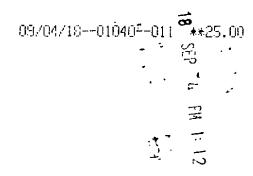
118000198749

(Requestor's Name)
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8EP - 8 2010

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BUZZIN BEE'S LAWN CARE Name of Limited Liability	LLC 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	ng:				
Four Louise House					
FAYE LOUISE HEIVLY Name of Person					
Name of Person					
BUZZIN BEE'S LAWN CARE LLC					
Firm/Company					
12.750 SE 119th COURT					
Address					
, 154,140					
OCKLAWAHA, FLORIDA 32179					
City/State and Zip Code					
· · · · · · · · · · · · · · · · · · ·					
E-mail address: (to be used for future annual report notification					
E ² mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
TAYE HEIVLY at 570	316 - 8191				
	Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING	G ADDRESS:				
	on Section				
·	of Corporations				
Clifton Building P.O. Box	- -				
	ee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee □ \$55 Filin	g 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

1. Na	nme of the limited liability company: $Buzz/N$	BEE!	SLAU	UN CARE LLC
2. (a)		_ (b)		
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12750 SE 119th COURT	_		
	OCKLAWAHA, FL. 32179	_		
	08/20/2018		L18	3000198749
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AC	FNS.	INC.	
,	Registered Agent and Registered Office shown on the records of the			iate:
				_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	1330Z WINDING OAK COUR	TA		<u> </u>
	TAMPA	336	12	P
(b)	FAUE L. HEIVLU			7 - 7
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	_
	12750 SE 119th COURT			
	NEW Registered Office Address:			
	OCKLAWAHA ,FL	321	79	
lf the li	imited liability company is not organized under the law	s of the S	State of F	Florida, it is hereby confirmed that after
the cha agent v was/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the light	the regist bility cor f the limi imited li	ered office inpany, it ted liability ability co	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in omnany.
	ture of a member of authorized representative of a member	D	AVID	B. HEIV(Y Printed or typed name of signee
Signat	ture of a member or authorized representative of a member		•	Printed or typed name of signee
provisi	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h	performa	nce of mi	v duties, and I am familiar with and accer

notified in writing of this change.

Signature of Registered Agent