Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 DOWN TO EARTH LAWN & GARDEN PRO LLC

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DEC 0 5 2023

K. Brumbl≇y

From: Registered Agents Inc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Ta: 18506176383

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. N	ame of the limited liability company:	LAWN 8	GARDEN F	PRO LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/18/18 Date of filing/registration in Florida	- - - 4.	L180002897	24 Document number
	LIMITED STATES CODDOBATION ACENTS INC	٦.		boedinent manoer
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- v: -
	JACKSONVILLE FL 3	2202		202
(b)	Registered Agents Inc			2023 DEC
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	<u>tress</u> :	
	7901 4th St N			P. 10. 17. 1
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg, FL,	3702		_
the ch agent was/w the art	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabilities.	he regis bility co the lim mited I	stered office impany, it is ited liability iability com	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sian	tue of a member or authorized representative of a member	Robi	n Jones	Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p- ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he of in writing of this change.	erforma för in C ercby ca	in this cape ince of my c hapter 605 onfirm that	acity. I further agree to comply with the