

L190000 24406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

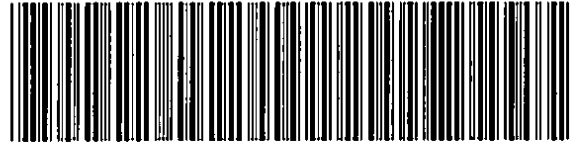
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Outlooks Lawn Care and Scapes LLC
Name of Limited Liability 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:

Jesse S Ziemba
Name of Person

Green Outlooks Lawn Care and Scapes LLC
Firm/Company

2908 W Louisiana Ave
Address

Tampa, FL 33614
City/State and Zip Code

greenoutlookslawns@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse S Ziemba at (813) 468-3552
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

please see attached for



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2020

JESSE S. ZIEMBA
2908 W. LOUISIANA AVE
TAMPA, FL 33614

SUBJECT: GREEN OUTLOOKS LAWN CARE AND SCAPES LLC
Ref. Number: L19000024406

We have received your document for GREEN OUTLOOKS LAWN CARE AND SCAPES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00004645

2020 MAR 07 PM 3:50

**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. Name of the limited liability company: Green Outlooks Lawn Care and Scapes LLC

2. (a) 2908 W Louisiana Ave
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Tampa, FL 33614

(b) 2908 W Louisiana Ave
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33614

3. 1/23/2019
Date of filing/registration in Florida

4. L19000024406
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States Corporation Agent, Inc
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S Semoran Blvd, Suite 36
Orlando, FL 32822

(b) Jesse S Ziemba
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2908 W Louisiana Ave
Tampa, FL 33614

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

Jesse Ziemba

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

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

FILED
2020 MAR 27 AM 8:50
STATE OF FLORIDA
TALLAHASSEE