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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 : (855)330-1010

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## LLC REGISTERED AGENT CHANGE GARDEN LANDSCAPING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

APR 2 1 2023

## 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

(a)	me of the finned having company.			CAPING			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing addre	ss of limited Y BE POST	hability	company
	06/18/19		 L190	001602	:63		
	Date of filing/registration in Florida	4.		Document	number		
	Registered Agent and Registered Office shown on the record						
	Registered Office Address (MUST BE FLORIDA STRE						
	Registered Office Address (MUST BE FLORIDA STRE 476 RIVERSIDE AVE. JACKSONVILLE	ET ADDRES	<u>S1</u>		eu -		
(h)	476 RIVERSIDE AVE.	ET ADDRES	<u>S1</u>		9	2023	
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(b)	476 RIVERSIDE AVE.  JACKSONVILLE  Registered Agents Inc	ET ADDRES	<u>si</u> 2			2	
(b)	476 RIVERSIDE AVE.  JACKSONVILLE  Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Regist	ET ADDRES	<u>si</u> 2			2	· CT
(b)	476 RIVERSIDE AVE.  JACKSONVILLE  Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Regist  7901 4th St N	ET ADDRES	<u>si</u> 2			$\langle \rangle$	

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.

	• •
Retin benev	ROBIN JONES
Signature of a member or authorized representative of a member	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 positived in writing of this change. natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent