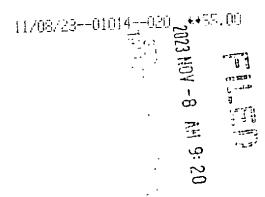


(Requestor's Name)					
(Ad	dress)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(0.1	**************************************	,			
(Do	cument Number)				
Certified Copies	tified Copies Certificates of Status				
Special Instructions to	Filing Officer				
Special instructions to	riling Onicei.				
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Office Use Only





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A&A marlin Lawn Care & Name of Limited Lie	P pressure washing CCC ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:	
Angel i Vazque Z Name of Person		
ARA mallin lawn care & Pressure Firm/Company	washing LC c	
54022 Turning Ceaf Dr Address		
Callahan, Fl 32011 City/State and Zip Code	_	
Jesuschristfollife19906 amail.c E-mail address: (to be used for future annual report notific	eation)	
For further information concerning this matter, please call:		
Angel C Vazquez at (904) Name of Person	Nea 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	

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.

C

1. Na	ame of the limited liability company: AXA mad	lin caun s	are Pics	sure washing CC
		(b)		\mathcal{I}
(;;,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		₹	limited liability company: POST OFFICE BOX)
	54022 Turning Leaf Dr	540	22 Turni	ng Leaf Dr
	Callaban, Fl 32011			32011
	10/21/2019	<u> </u>	0026395	8
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a)	Angel C Valguet- Registered Agent and Registered Office shown on the records of	the Florida Dept, of St	ate:	
•	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	-	
	13015 Bentwater Dr		_	
	JacksonVille, FL	32246		2
(b)	Finter name of NEW Registered Agent and/or NEW Registered	l Office address	_	2023 NOV -8
	55 1		<u> </u>	
	NEW Registered Office Address:			ب ج
	54022 Turning Leaf Dr			20
	Callalan FL	.32011		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of F registered office a ability company, it of the limited liabil	nd the business of is hereby confirmity company or as	ffice of the registered ned that the change(s)
anze	ture of a member or authorized representative of a member	Angel C	Printed or typed n	<u> </u>
I herei provisi the obl to mero notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ree to act in this car	pacity Liurther c	wree to comply with the
Signatu	re of Registered Agent			