

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			<u> </u>		
	Division of Corporations Fax Number : (850)617-6383				
	. (850)017-0303		~ ^		
From:			ζής.		
	Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178				
	Fax Number : (214)317-4754		•		
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To: 18506176383 From: 12147128131 Date: 12/05/22 Time: 4:38 PM Page: 02/02

(((H220004083563)))

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.

l. Na	ame of the limited liability company: LAWN CARE M	HLLIONA	IRE LLC		
2. (a)		(b)		
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	29003 S Dixie hwy, Apt 302		29003 S Dixie hwy, Apt 302		
	HOMESTEAD, FL 33033		HOMESTEAD, FL 33033		
			L19000270	0412	
	Date of filing/registration in Florida	 4.	 	Document number	
. (a)					
. (a)	Registered Agent and Registered Office shown on the records of ABRAHAM SANTIAGO	the Florida	Dept of Sta	ate	
					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE.			202;	
	JACKSONVILLE . FI	33202		ZOZZ DEC SEGREN	
				FILED DEC-5 ANIII TAHASSEE,	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address			- See 🚆 🎹	
	LEGALING CORPORATE SERVICES INC.			AMII:42 OF STATE SEE, FL	
	NEW Registered Office Address				
	476 RIVERSIDE AVE.			_	
	Jacksonville	32202			
	, PI	·	-		
tange gent v ay/wo	imited liability company is not organized under the later concludes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the operating agreement of the	registere ability cor of the limi limited li	d office an mpany, it ited liabili ability con	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signa	ture of a member or authorized epresentative of a member	*		Printed or typed name of signee	
rovisi ie obl mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I i I in writing of this change.	ree to act performa d for in C hereby co	in this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with the eduties, and I am familiar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been	
,	Ql. For				

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