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COVER LETTER

Division of Corporations		
GREENSCAPES OF SOUTHWEST I	FLORIDA, LL	C:
	e of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.
Please return all correspondence:concerning this	matter to the	following:
Jessa Jimenez-Estrada		
Name of Person		_
Paracorp Incorporated		
Firm/Company	_ .	
2804 Gateway Oaks Dr #100		
Address		
Sacramento, CA 95833		
City/State and Zip Code	·	_
paracorp@myparacorp.com		
E-mail address: (to be used for future annua	al report notifi	ication)
For further information concerning this matter, pl	lease call:	
Jessa Jimenez-Estrada	888 at (2723725
Name of Person	_ 41.1	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 as	mount:	
€ \$25 Filing Fee	□ '\$5	5 Filing Fee & Certified Copy
MHS18 (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.

1. N	ame of the limited liability company:				FLORIDA, LLC			—
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limite			
	14370 COLLIER BLVD.			14370 C	OLLIER BLVD.			
	NAPLES, FL 34119			NAPLES	S, FL 34119	·		
	02/28/2020		i.	,2000006	3550			
3.	Date of filing/registration in Florida	4.	_		Document number	_		
5 (5)	C T CORPORATION SYSTEM							
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	ida I	Dept, of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	:) %0	2020		
	1200 SOUTH PINE ISLAND ROAD) N	-
	PLANTATION , F	L_33324				TARY	2020 AUG 10	í
(b)	PARACORP INCORPORATED					SEC	PH	ſ
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office #	•dd:	ress:	- -	STATE E, FL	1:51	Ţ
	NEW Registered Office Address:							
	155 Office Plaza Drive, 1st Floor				<u> </u>			
	Tallahassec, Fl	32301			_			
change agent v was/w	imited liability company is not organized under the later created are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the registendility of ability of	red com mit lia	office and pany, it desired the second secon	nd the business office is hereby confirmed t ty company or as othe	of the regi	stered nge(s)	
Signa	ture of a member or authorized representative of a member	_	17		Printed or typed name of	of signee		_
l here provisi the obl to mer notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I din writing of this change.	ree to ac perform d for in hereby c	ct in nan Ch con	n this cap ice of my apter 60 firm that	pacity. I further agree duties, and I am fam 5, F.S. Or, if this doc the limited liability c	to comply iliar with a nument is h company ho	with the with the wind accertion of the wind accertion of the with	ie ipi id
	Jody Moua, Assistant Secretary							
Sigetatů	re of Registered Agent							