## L20000 122622

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
JUL 2 € 2023

Office Use Only

۴

400408252144

55.19.75--bid3+ 611 ←57.30

PROBETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Lambert's LandScap 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:				
Lambert Anthony Name of Person  Lamberts Landscaping (1)				
204 NF 47th Terrain Address  Carresville F1 32641  City/State and Zip Code				
E-mail address: (to be used for future annual report no	tification)			
For further information concerning this matter, please call:				
Lambert Anthony at 35	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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.

i. Na	me of the limited liability company: Lamberts	s Landse	aping LC.		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO	ted liability c	ompany:
	Gainesv. Hr F1 32641		6a.naville	F1. 33	1641
3.	Date of filing/registration in Florida	4.	2000 6 12	<del></del>	
	Registered Agent and Registered Office shown on the records of the	Agents he Florida Dept. of	+nC. State:		
	Charant Mostly, US(0) Registered Office Address (MUST BE FLORIDA STREET ALL 5575 S. Samoran Blvd.	DDRESS)			
	ORlando ,FL	32822	<u> </u>	202	i i i
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:		2023 MAY 1	TARTAR PARTAR
	NEW Registered Office Address:		<del></del>	0 PM	LED Y OF S
	204 NE 47th Terrace	<del></del> .		<u>.</u>	TAIE
	<u>Gaintsv. 11</u> , FL				
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	egistered office lility company, the limited liab	and the business offic it is hereby confirmed ility company or as off	e of the reg	gistered ange(s)
•	use of a member or authorized representative of a member		mber + Hn+1. Printed or typed name	Ţ	
provision the obli to mere	by accept the appointment as registered agent and agree ons of all statules relative to the proper and complete pergetions of my position as registered agent as provided for reflect a change in the registered office address. I he is in writing of this change	to act in this c erformance of r for in Chapter ( ereby confirm th	capacity. I further agreemy duties, and I am fan 605, F.S. Or, if this do nat the limited liability	ee to composition with ocument is company f	ty with the and accept being filed ass been
Signatu	re of Registered Agent				