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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
		<u> </u>
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	DJ's Lawn & Tree Service LLC		
		Name of Limited L	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	fec(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	following:
Jim Ga	у .		
	Name of Person	_	
Jim Ga	у СРА		
	Firm/Company		
3984 M	fanatee Ave E		
	Address		
Braden	ton, FL 34208		
	City/State and Zip Cod	le	
office@	gjimgaycpa.com		
E	-mail address: (to be used for future	annual report notif	fication)
For fur	ther information concerning this mat	ter, please call:	
Lori Do	owning	941 at (747-0588
	Name of Person	at (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 follow	ing amount:	
	■ \$25 Filing Fee	u \$	55 Filing Fee & Certified Copy
INHS18	3 (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.

(a)		(b)	
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4.29.2021		000132478
, .	Date of filing/registration in Florida Breicy Salinas	4.	Document number
(a)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept	ı. of State:
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	Bradenton	, FL	
(b)			2021 MAY
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office address	HAS
	Jim Gay, CPA		SSEE P III
	NEW Registered Office Address:		PH L:
	3984 Manatee Ave E		MAY 21 PM 4: 12 WHASSEE FLORIDA
	Bradenton	, FL	
inge ent v s/we arti	imited liability company is not organized under c or changes are made, the Florida street address will be identical. Or, in the case of a Florida lime ere authorized by an affirmative vote of the men icles of organization or the operating agreement	of the registered of nited liability compa nbers of the limited of the limited liabil	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided i
iana	iture of a member or suthorized representative of a member		Printed or typed name of signee
	by account the approintment as registered agent a	nd agree to act in t	••

Signature of Registered A