Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	 		
		-	-	

LLC REGISTERED AGENT CHANGE **BIG DOG MOWING LLC**

Certificate of Status	0
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JAN 1 6 2024 K. Brumbley

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: Big Dog Mowing	g LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3	06/05/20	L200001	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
(b) _	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of !	State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)	
	JACKSONVILLE , F	L_32202	
	Registered Agents Inc		2024 JAN 1 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address:	7 元 治
	7901 4th St N		
	NEW Registered Office Address		- 2:
	STE 300		52
	St. Petersburg , F	1	
the cha agent v was/we the arti	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered of liability company. of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
·	ure of a member or authorized representative of a member	Robin Jones	
			Printed or typed name of signee
provisu he obli o mere	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address, It in writing of this change. Payid Roberts Assistant 8	e performance of n led for in Chapter t I hereby confirm th	apacity. I further agree to comply with the wind divides, and I am familiar with and accept 505. F.S. Or, if this document is being filed at the limited liability company has been
∵U*	David Roberts - Assistant 9	Secretary	