L20000247689

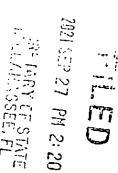
(F	Requestor's Name	9)
(/	Address)	
(/	Address)	
(0	City/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity N	ame)
(1	Document Numbe	er)
Certified Copies	Certificat	es of Status
Special Instructions t	o Filing Officer:	

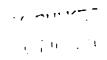
Office Use Only



900373857559

| 55 f27, 21 - - 01 527 - - 01 5 | **25, 00





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. Na	me of the limited liability company: Rasta Lawn Care & Concrete Service
2. (a)	351 Ave LNE winter, Haven 1101
<u> </u>	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.	13 August 2020 L20000247689 Date of filing/registration in Florida 4. Document number Registered Agents Inc
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	T901 4th ST N STE 300 St. Petersburg 11 33702
(b) _.	Frithary Smyth Filter name of NEW Registered Office address: 351 Ave L. NE Luinter Howen NEW Registered Office Address. 351 Ave. L. NE
	winter Haven 33881
change agent w was/we the artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. When Smith are of a member or authorized representative of a member Printed or typed name of signee
I hereb provision the obli- to mere	ure of a member or authorized representative of a member ————————————————————————————————————

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Hypery Smth Signature of Registred Agent