L20000350010

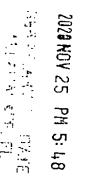
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100355443021

11/25/20--01011--010 **25.00



O SIMINIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bay Nord's Law Name of Liv	anited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Dearick L. William Name of Person	ns SR.	
Baynaids Lawn Ca	<u>ce</u>	
209-38th St. So.		
St. Pete FC 33705 City/State and Zip Code		
Avacanettalo illams ZOO C E-mail address: (to be used for future annual repo	mail (Com)	
For further information concerning this matter, please of	rall:	
Dennick Williams Shar(Name of Person	ZOG , 300 - 1214 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303	
Enclosed is a check for the following amoun	t:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

1NHS18 (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. Name of the limited liability company: BayNard's Lawn Care LLC
2. (a) 209-38th St. Su. (b) 209-38th St. Su.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
St. Petersburg St. Pekisburg
FL 33711 USA FL 33711 USA
$\frac{PC}{PC} > \frac{3311}{PC} = \frac{PC}{PC} > \frac{33111}{PC} = \frac{9311}{PC}$
11-14-20 120000350010
3. Date of filing/registration in Florida 4. Document number
5. (a) United States Conation Agent Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575- So. Sembran Blud #36 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Delanda H. 32822
<u>0014144</u>
(b) DEKRICK W. MITTEANTS
linter name of NEW Registered Agent and/or NEW Registered Office address:
209-38th St. So.
NEW Registered Office Address:
Saint Petrisburg
33711
, FL
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Derrick L. Williams Derrick L. Hilliams
Signature of a member or authorized representative of a member Printed or typed name of signer
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.
notified in writing of this change. De Rick Williams Dexuk L. Williams Signature of Registered Agent Signal
Signature of Registered Agent Sign

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00