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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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T. LEMIEUX

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## 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. N	ame of the limited liability company: West C		Lawn and Ornamental LLC
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/21/2020		0000397018
3.	Date of filing/registration in Florida	4.	Document number
5. (a	OLIVA 108011A		
(b)		<sub>. FL</sub> 33559	
	7901 4th St N	istered Office address:	FIL SELFT AND SE
	NEW Registered Office Address:		FIL HASS
	St. Petersburg	. FL 33702	FILED 25 AMII: 3 OF STATE SSEE FLORE
agent was/w	limited liability company is not organized under lange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the mem ticles of organization or the operating agreement	ited liability comparishers of the limited l	e of Florida, it is hereby confirmed that after d office and the business office of the registerency, it is hereby confirmed that the change(s) liability company or as otherwise provided in
7	Liber Tark	Riley F	Park
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi: the ob to me:	eby accept the appointment as registered agent a sions of all statutes relative to the proper and con digations of my position as registered agent as p rely reflect a change in the registered office addr	nd agree to act in th nplete performance rovided for in Chapt ess, I hereby confiri	uis capacity. I further agree to comply with th of my duties, and I am familiar with and acce, ter 605, F.S. Or, if this document is being file m that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent