L20000397018

(Converted None)					
(Requestor's Name)					
(Address)					
(6.44)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Linky Harrie)					
(Document Number)					
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TALLAHASSEE, FLORIDA

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COVER LETTER

CO: Registration Section Division of Corporations						
WEST COAST HORIZON LAWN AND ORNA	AMENTAL LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to	the following:					
Amber McGrew						
Name of Person						
Oaks Accounting LLC						
Firm/Company						
311 N Excelda Ave						
Address						
Tampa, FL 33609						
City/State and Zip Code						
amcgrew@oaksaccounting.com						
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please cal	N;					
Amber McGrew 321 at (442-0758					
Name of Person	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 following amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (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. Na	ame of the limited liability company: WEST COAST HORIZON LAWN AND ORNAMENTAL LLC					
2. (a) _	VEST COAST HORIZON LAWN AND ORNAMENTAL I		(b) WEST COAST HORIZON LAWN AND ORNAMEN			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 17601 CRANBROOK DR.	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) RANBROOK DR.	
	LUTZ, FL 33549	_		LUTZ, F	L 33549	
	12/25/2020	_	L20000397018			
	Date of filing/registration in Florida Registered Agents Inc	4.			Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Registered Agents Inc	e Flo	rida	Dept. of St	ate:	
	Registered Office Address 7901 4th St N STE 300	<u>DDR</u>	ESS	! 	_	
(b)	St Petersburg, FL	3370	2		2024 JUN 26 PH TALLAHASSEE, FI	
	Oaks Accounting LLC				2024 JUN 26 PH TALLAHASSEE, F	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			SSEE P		
	Oaks Accounting LLC				H 1:01	
	NEW Registered Office Address: 311 N Excelda Ave				RIDA	
	Tampa , FL	3360	9			
change agent was/withe artitle	imited liability company is not organized under the law or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited of amender or authorized representative of a member by accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	regis bility f the imite	tere con limited li losh	d office ampany, it ited liability cous Oliva	end the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee upacity. I further agree to comply with the product of the complex o	

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