K21000281923

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)	-				
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
·						





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COVER LETTER

TO:	_	stration Section sion of Corporations					
SUBJ	ECT:	T: LAWN CARE SERVICES & MORE BY REGGIE, L.L.C.					
		Name of Limited Liability Company					
Dear S	Sir or N	Madam:					
The er	nclosed	d Registered Agent/Registered Offic	ce Change	and fee(s) are submitted for filing.			
Please	returr	all correspondence concerning this	matter to	the following:			
RAY	NALC	OO D MOLINA FRANCO					
		Name of Person		 			
LAW	N CA	RE SERVICES & MORE BY I	REGGIE	, L .L.(
		Firm/Company					
216 (OLIVE	EWOOD COURT					
		Address					
KISS	IMME	EE, FLORIDA 34743					
	· · · · · ·	City/State and Zip Code					
thelm	nafrar	ico216@gmail.com					
I	E-mail	address: (to be used for future annu	ial report r	notification)			
For fu	rther is	nformation concerning this matter, p	please call	:			
RAYI	NALD	O D. MOLINA FRANCO	_ at (321	₎ 458-7147			
		Name of Person		Area Code & Daytime Telephone Number			
	STR	EET/COURIER ADDRESS:		MAILING ADDRESS:			
		stration Section		Registration Section			
	Divi	sion of Corporations		Division of Corporations			
		on Building		P.O. Box 6327			
		Executive Center Circle		Tallahassee, Florida 32314			
	Talla	ahassec, Florida 32301					
	Enc	losed is a check for the following	amount:				
	2 \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy			

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

2. (a)	ame of the limited liability company:		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	216 OLIVEWOOD COURT		216 OLIV	'EWOOD COURT
	KISSIMMEE, FL 34743		KISSIMM	IEE, FL 34743
	MAY 3, 2022		L2100028	1923
3.	Date of filing/registration in Florida	— 4.	1	Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of State:	
	BNS TAXES, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	_
	13550 VILLAGE PARK DR 360			, n n,
	ORLANDO , F	L_3283	7	• :
(b)	RAYNALDO D. MOLINA FRANCO			; -,
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	<u>.</u>
				 T
		•		. co
	NEW Registered Office Address:			
	216 OLIVEWOOD COURT			
	KISSIMMEE , F	3474 L	3	
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the repliability of the li	gistered office company, it is imited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	KUUS	R	AYNALDO [). MOLINA FRANCO
Signa	ture of a member or authorized representative of a member		•	Printed or typed name of signee

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 notified in writing of this change.

RAYNALDO D. MOLINA FRANCO