## 121000332092

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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TALLAHASSEF STATE

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FUNEZ Lawn Servic Name of Limite	es LLC d 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:		
Erick P. Funcz Name of Person			
Funez Lawn Services LL	<u>C</u>		
9227 W. Highland Pines Blve Address	d, Unit 2		
Palm Beach Gardens, FL 334 City/State and Zip Code	118		
Erick PFunez @ yan 00. Com E-mail address: (to be used for future annual report no	1 otification)		
For further information concerning this matter, please call:			
ElSa Navarro at (56	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:			
S25 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	ime of the limited liability company: FUNEZ LAWY	<u>, Servi</u>	ces LLC
	1227 W. Highland Pines Blvd, Unit 2 (		
. (.,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Palm Beach Gardens, FL	Palm	Beach Gardens, FL
	33418	334	10
	227.10	<u> </u>	
	07/21/2021	L210	000332092
3.	Date of filing/registration in Florida 4.		Document number
5. (a)	Kegistered Agent Inc.  Registered Agent and Registered Office shown on the records of the Florid	a Dept. of Stat	- ^
	7901 4th St N Ste Am	a Dept. of State	•
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	<u>S)</u>	-
			_
	St. Petersburg , FL 33	702	_
	Elsa Navarro		- 12
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office as	ddress:	SEC SEC
	and the state of t		2021 AUG 20 AM 3: 46 SECRETARY OF STATE TALLAM SSLEET
	9227 W. Highland Pines Blvd NEW Registered Office Address:	<del>.</del>	SSEC OF A
	Unit 2		
	2 2 2		
	Valm Beach Gardens .FL 33	3418	-
	imited liability company is not organized under the laws of the		
agent v	or changes are made, the Florida street address of the register vill be identical. Or, in the case of a Florida limited liability of	ompany, it is	s hereby confirmed that the change(s)
the arti	ere authorized by an affirmative vote of the members of the lin- cles of organization or the operating agreement of the limited	liability con	ipany.
_	ture of a member or authorized representative of a member	Eric	K P. Fune 2 Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agree to acons of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for in all reflect a change in the registered office address. I hereby call in writing of this change.	ance of my o Chapter 605 confirm that	auties, and 1 am jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been
natified	I in writing of this change	organical trials	and the control of th
Signatur	re of Registered Agent		