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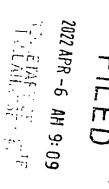
(Requestor's Name)	_				
(Address)	_				
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PICK-UP WAIT MAIL					
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(Document Number)					
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C. BRUMBLEY APR 1 4 2022

COVER LETTER

SUBJECT: 1 gland's Landscape Schulio	ns.LLC				
Name of Limited Liabilit	y 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 follow	ving:				
Schence Schooles, Esquire Name of Person					
Schades Law, P.A. Firm/Company					
301 Wist 1st Shreet	RECEIVED				
Address	2022 APR -6 PM 12: 05				
Sary State and Zip Code	TALLAHASSEC, FL				
E-mail address: (to be used for future annual report notification	n)				
For further information concerning this matter, please call:					
Science Scheder at (40)) Name of Person Are	ea Code & Daytime Telephone Number				
Registration Section Re	reet Address: egistration Section ivision of Corporations				
P.O. Box 6327 Tl Tallahassee, FL 32314 24	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	plecise see enclosed lester School See preciously submitte				

TO:

Registration Section Division of Corporations

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.

I. Na	me of the limited liability company: Lewal's	andsa	ipe Site	whichs, LLC	-		
2. (a)		(b)	,	•			
ω. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)				
	2899 Asbau Trail Court	 <u>ت-</u>	2899 AF	bour Trail	(curt		
	Delling, Florida 32725	.	R14me,	Florida 3	8725		
	02/08/2022		L220000 Nooya				
3.	Date of filing/registration in Florida	4.		ient number			
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dep	<u>Cogeral</u> (c	on Agents, -	<u>ζ</u> 'Λ(' .		
	Registered Office Address MUST BE FLORIDA STREET A	econd					
	Orlando FL	3388	<u> </u>	2022 APR -6			
(b)	Enter name of NEW Registered Agent and/or NEW Registered				-11-		
	NEW Registered Office Address:	 		AH 9: 09	D		
					`,		
	Sarrend FL	327	71				
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered of bility compa f the limited	ffice and the bu my, it is hereby liability compa	isiness office of the r v confirmed that the (egistered change(s)		
_(A)	are of a member or authorized epresentative of a member	Leve	Printed	or typed name of signee			
I herel provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ze to act in to performance! for in Chap ereby confir	his capacity. I cof my duties, i ner 605, F.S. (m that the limi	further agree to con ind I am familiar wit Or, if this document i ted liability company	iply with the h and accept is being filed y has been		
Signatu:	re of Registered Agent						