haa 000110504

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
Whano	chorn app
(Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2022

WILSON PALACIOS LAWN SERVICE LLC 1212 WESTVIEW DR COCOA, FL 32922

SUBJECT: WILSON PALACIOS LAWN SERVICE LLC

Ref. Number: L22000110504

We have received your document for WILSON PALACIOS LAWN SERVICE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 322A00019254

RECEIVED

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wilson Pala	cios Lawn Service LLC
Name of the	med Emonity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Stephanie Gissel Name of Person	Palacios Martinez
Lilson Palacios Lawn Firm/Company	Service LLC
1212 Westvicu DR Address	
Cocca Florida 329 Z City/State and Zip Code	<u>z</u>
Stephanic palacins 65 E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Stephanic Gissel Palacios at (329) 339 - 7-921 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	:
M \$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. Name	e of the limited liability company: <u>Wilso</u>	in Pale	acios_	Lawn	Service	c L	LC_		
2. (a)			(b)				. <u>.</u>		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)								
_	1212 Westview () _R		/2/2	Westv	iew_			
_	Corna Florida 3	12922		(0100	FLOI	ida	329	<u>? Z</u>	
3.	03 03 2022 Date of filing/registration in Florida	4.		L 2 200	01105 nt number	04_			
5. (a) <u>Re</u>	gistered Agent and Registered Office shown on the reco	ords of the Flori	da Dept. o	f State:					
(b) <u>En</u>	egistered Office Address 1212 West view Cocoa Stephanic Giss nter name of NEW Registered Agent and/or NEW Reg EW Registered Office Address: 1212 West view Cocoa	DR , FL c.lP gistered Office	329 z a Jacie address:	z ₀₅ Mar	linez	TALLAHASSEC, FLORIDA	2022 SEP 28 PH 2: 20	1	
change or agent will was/were the article **X ** **W** Signature **I hereby provision, the obligation merely	ited liability company is not organized under the changes are made, the Florida street address I be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the ment is of organization or the operating agreement of a member or authorized representative of a member accept the appointment as registered agent as so of all statutes relative to the proper and contitions of my position as registered agent as properly of the proper in the registered office address within the change in the registered office address within the change.	the laws of the of the registe ited liability obers of the limited	ne State of cred offic company mited lia I liability	of Florida, it is and the bus, it is hereby bility compare company. [[] [] Sor [Printed of the compacing	iness office confirmed th my or as othe Palac r typed name o	of the repair the character pro-	gistered tange(s) ovided in	<u> —</u>	

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

Signature of Registered Agent.