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To: Division of Corporations Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC REGISTERED AGENT CHANGE INTRICATE LAWNSCAPES, LLC

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T. LEMIEUX

From:

## 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

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b):	Mailing address of limited liability co (Note: MAY BE POST OFFICE I	
	12/01/22			0506625	
	Date of filing/registration in Florida	4.		Document number	
(a)	INC AUTHORITY RA				
	Registered Agent and Registered Office shown on the records of	t the Flor	ida Dept. of State	¢:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	-	
	390 NORTH ORANGE AVE., STE 2300-N			-	
	ORLANDO	ı. <u>328</u>	01	_	
(b)	Registered Agents Inc			₩:	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	address:		<b>9</b> 09
	7901 4th St N			- Ca	-
	NEW Registered Office Address:			· c:	,
	STE 300				
	St. Petersburg	_3370	)2	AFII: 34	
e cha ent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regional inter- iability of the li	gistered office company, it is imited liabilit	e and the business office of the s hereby confirmed that the ch y company or as otherwise pro	register ange(s)
	ture of a member or authorized representative of a member			ROBIN JONES	
Siena	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

natified in writing of this change. David Roberts - Assistant Secretary

Signature of Registered Agent