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COVER LETTER

TO: Registration Section Division of Corporations	• • • • • • • • • • • • • • • • • • • •	
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SUBJECT: ALL PURPOSE MAIN Name of Lim	UTENANCE AND LAWN CARE LLC. ited Liability 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:	
Michael Parrish Name of Person		
ALL PURPOSE MAINTENANCE A Firm/Company	MD LAWN CARE LLC	
5348 NE 19TH TERRACE Address		
POMPANO BEACH, FL 33064 City/State and Zip Code	'	
SAUSH40 @ GNAYL COM E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please c	all:	
MICHAEL PARRISH at (561) 931 1294 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
№ \$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.	Na	me of the limited liability company: ALL PURPOSE MAINTENANCE AND LAWN CARE
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		02/22/2023
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	THE VERSATILE CONSULTING MANAGEMENT LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		160 W. CAMINO REAL # 155 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	(b)	BOCA RATON FL 33430 SESSICA S. PARRISH Enter name of NEW Registered Agent and/or NEW Registered Office address:
		5348 NE 19TH TERRACE
		NEW Registered Office Address:
		POMPANO BEACH FL 33064
the age wa the	echa ent v is/we eart	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company.
	P	MICHAEL PARRISH. ture of a member or authorized representative of a member Printed or typed name of signee
,		by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

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

ignature of Registered Agent