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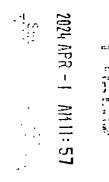
(Req	uestor's Name)	
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Certified Copies	Certificate	s of Status
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COVER LETTER

Division of Corporations	
Moore's Mowing, LLC SUBJECT:	
Name of Li	mited Liability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Clayten Moore	
Name of Person	
Firm/Company	
16313 SE 212th Lane	
Address	
Hawthorne, FL 32640	
City/State and Zip Code	
Clayten_Moore@icloud.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Ashley Moore at (at (352 246-3365
Name of Person	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 amoun	nt:
■ \$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.

(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) L23000179235 4. Document number Florida Dept. of State:
4. Document number Florida Dept. of State: DRESS)
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of the State of Florida, it is hereby confirmed that after gistered office and the business office of the registere ity company, it is hereby confirmed that the change(see limited liability company or as otherwise provided nited liability company.
Clayten Moore Printed or typed name of signee
Printed or typed name of signee to act in this capacity. I further agree to comply with formance of my duties, and I am familiar with and ac for in Chapter 605, F.S. Or, if this document is being eby confirm that the limited liability company has be
of it ic nit

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

Maca

Signature of Registered Agent