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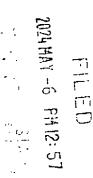
(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Hall'S Complete La Name of Limited Liability	un Care, LLC 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:
Christopher Hall Name of Person	
Hall's Complete LawnCo	are, LLC
17437 BUSLEY Dr.	
Spring Hill Fl. 34610 City/State and Zip Code	
Halls Lowns 17200 omfu E-mail address: (to be used for future annual report notification	l. (Um
For further information concerning this matter, please call:	
Christopher Hall at (362) Name of Person	105 1.1027 rea Code & Daytime Telephone Number
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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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.	Nai	ne of the limited liability company: Hall's Complete Lawn Care, LLC
2	(a) _	(b)
-	(4) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		17437 Bosley D. 17437 Bosley Dr.
		SpringHill Fl. 34610 Spring Hill Fl. 34610
3.		5/11/2023 L23000 232577 Date of filing/registration in Florida 4. Document number
	(n)	The Authority BA
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		390 North Drange Ave Suite 2300-N
		Mando
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Enter name of NEW Registered Agent and/or NEW Registered Office address.
		Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
		NEW Registered Office Address:
		Sorina Hill
		Spring Hill
		,FL_346105
ch ag w	iange gent v as/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
$\overline{\zeta}$	16	fure of a member of a uthorized representative of a member Printed or typed name of signee
	_	
th to	rovis. e obi mer	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 d in writing of this change.

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