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|         | Doing so will generate another cover sheet. | 24 |
|---------|---|----|
| <br>To: |   |    |
|         | Division of Corporations                    |    |
|         | Fax Number : (850)617-6383                  | 7  |
| rom:    |   | ယ္ |
|         | Account Name : REGISTERED AGENTS INC.       | == |
|         | Account Number : I20090000081               | •  |
| ,       | Phone : (307)200-2803                       |    |
| -       | Fax Number : (813)436-5206                  |    |

\*\*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 JUSTONS LAWN CARE, LLC

| Certificate of Status | 0                      |        |
|-----------------------|------------------------|--------|
| Certified Copy        | 0                      |        |
| Page Count            | 02                     |        |
| Estimated Charge      | \$25.00 <sub>M</sub> . | OLOMON |

JUN 14 2024

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6/14/2024 11:11:00 PDT . . . \_ To: 18506176383 Page: 2/2 Fex: 8134365206

## '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.

| a)               |  | (b)  |   |
|------------------|--|--|---|
|                  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                  | Pfe  |  |   |
|                  | 06/14/23   |  | 3000288245  |
|                  | Date of filing/registration in Florida   | 4.   | Document number   |
| a)               | INC AUTHORITY RA   |  |   |
| .,               | Registered Agent and Registered Office shown on the records  |  |   |
|                  | 390 NORTH ORANGE AVE.  |  | 2.  |
|                  | Registered Office Address [MUST BE FLORIDA STREE   | T ADDRESS)   |   |
|                  | STE 2300-N   |  |   |
|                  | ORLANDO  | 32801  |   |
|                  | • 1  | I L  |   |
| (b)              | Registered Agents Inc  | <u>⇔</u>   |   |
|                  | Enter name of NEW Registered Agent and/or NEW Register   | <u>ss:</u> = 42 gm   |   |
|                  | 7901 4th St N  |  | 5   |
|                  | NEW Registered Office Address:   |  |   |
|                  | STE 300  |  |   |
|                  | St. Petersburg   | 33702  |   |
|                  | ,  | r1   | <del></del>   |
| ha<br>t w        | mited liability company is not organized under the inge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member eles of organization or the operating agreement of the | of the register<br>liability comp<br>s of the limite               | red office and the business office of the regist<br>pany, it is hereby confirmed that the change(s<br>d liability company or as otherwise provided  |
|                  | in officers to go  | Robin J  |   |
| nat              | ure of a member or authorized representative of a member   |  | Printed or typed name of signee   |
| rel.<br>işiç     | y accept the appointment as registered agent and a<br>ons of all statutes relative to the proper and comple<br>gations of my position as registered agent as provid  | igree to act in<br>te performant<br>ded for in Cha<br>Thereby conf | this capacity. I further agree to comply with to<br>see of my duties, and I am familiar with and accu<br>upter 605, F.S. Or, if this document is being fill<br>firm that the limited liability company has been |
| mu<br>gre<br>lea | ty reflect a change in the registered office address,<br>In writing of this change.  | Thereby comp   | in marine time and indenty company made in  |