## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000996193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

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 SUPERIOR LAWN AND TRACTOR SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



3/14/2024 12:45:52 PUT To: 18506176383 Page: 2/2 Fax: 8134365206

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR THOMAS, ROBERT 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.

L 8	Same of the limited liability company: SUPERIOR LAW	N AND TRACTOR	SERVICES, LLC			
2. ta	)	(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)			
	08/07/23	L230003	370696			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	THOMAS, ROBERT					
	Registered Agent and Registered Office shown on the records of					
	14621 E. STATE RD. 70					
	Registered Office Address (MUST BE FLORIDA STREET)					
	#265		024 F			
(b)		5 TAL MAR HAR FL 34202				
	Northwest Registered Agent LLC	HAR I L AM				
	Enter name of NEW Registered Agent and/or NEW Registered					
	7901 4th St N	: 26				
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg, FI	33702				
the chagent was/v	dimited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered o ability company, of the limited lial	ffice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in			
	nature of a member or authorized representative of a member					
provi the ol to me notifi	eby accept the appointment as registered agent and agg sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	r performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been			
	Taylor Newman - Assistant S	Secretary				

Signature of Registered Agent