Liller Vince

(1	Requestor's Name)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/30/2024	
Name:	Patrice Rush	
Reference	2476854	
Entity Nam	ne: CUTTERS EDGE LAWN & MAINTE	NANCE, LLC
☐ Artic	icles of Incorporation/Authorization to Transact Busin	ness
Ame	endment	·
✓ Cha	ange of Agent	ja ja
Rei	instatement	
☐ Conversion		ALIO: 24 SEE FL
☐ Mer	rger	(1) 12°
☐ Diss	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized	d Amount: \$25.00	
Signature:	Pull	

F: 800.944.6607

F: +852.2682.9790

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	ame of the limited liability company:	CUTTERS EDGE LAWN & MAINTENANCE, LLC			
2.	(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)	
		no change			no change	
		42/27/2022				
3.		Date of filing/registration in Florida	— 4.		L24000009982 Document number	
٥.			ч.		Document number	
5.	(a)				_	
		Registered Agent and Registered Office shown on the records o	if the Flori	da Dept. of \$	State:	
		1221 BRICKELL AVE STE 160				
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>		
					<i></i>	
		MIAMI		33131		
		MIAMI F	l.,		-	
(b	(h .)	Cogency Global Inc.			30 AIII0: 24	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		115 North Calhoun Street, Suite	e 4		F 15	
		NEW Registered Office Address:				
						
		Tellahassas		22204		
		Tallahassee F	l	32301		
the age wa	: cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the req liability of the li	nstered of: company, mited liab	lice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
/s/ Michelsa Calderon				Michelsa Calderon		
S	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
pre the to	ovisi v obl mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	gree to a e perfor led for in I hereby	ct in this c nance of n Chapter (confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	
		/s/ Tim Mayville				

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