5/1/24, 10:41 AM

Division of Corporations

## 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.

(((H24000158766 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : L&R TAX SERVICES Account Number : I20240000013 Phone : (407)810-8604

Fax Number : (407)412-5068

\*\*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 J AND H LAWN CARE LLC

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

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MAY 0 1 2024

K. Brumbley

## COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	J AND H LAWN CARE LLC  Name of Limited Liability Company			
SOBJECT				
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please retur	n all correspondence concernin	g this matter to the	following:	
JOEL HERN	vandez Ramirez			
	Name of Person		_	
J AND H L	AWN CARE LLC			
	Firm/Company		_	
3370 FORE	ST DR			
	Address	<u>-</u>	_	
KISSIMME	E FL 34746			
	City/State and Zip Co	de	<del>_</del>	
JOELESCO	RPION69@ICLOUD.COM			
E-mai	l address: (to be used for future	annual report notif	lication)	
For further	information concerning this ma	tter, please call:		
PATRICIA	LANDAETTA	407 at (	810-8604	
	Name of Person	41 (	Area Code & Daytime Telephone Number	
Re Div P.C	niling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
En	closed is a check for the follow	ving amount:		
	\$25 Filing Fee	<b>-</b> \$	55 Filing Fee & Certified Copy	
INHS18 (2/1	4)			

## 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. N	ame of the limited liability company:   J AND H LAWN	CARE LLC		
2. (a)	3370 FOREST DRIVE KISSIMMEE EL 34746	(b)	(b) 3370 FOREST DRIVE KISSIMMEE FL 34746	
2. (6)	Principal office address of limited liability company:  (Nota: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	02/23/2024  Date of filing/registration in Florida		000095900 Document number	
	02/23/2024			
5. (a)	Registered Agent and Registered Office shown on the records of RAY W PRESCOTT  Registered Office Address (MUST BE FLORIDA STREET)  3390 FOREST DRIVE	t. of State:		
	~ <del>~</del>	34746		
(b)	Enter name of NEW Registered Agent and/or NEW Registered  JOEL HERNANDEZ RAMIREZ	d Office address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	NEW Registered Office Address:	<del></del>	P	
	3370 FOREST DRIVE		 က် ည	
	KISSIMMEE FI	34746		
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered of ability compa of the limited limited liabil	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
Sign	ature of a member or authorized representative of a member	JOEL HE	Printed or typed name of signee	
I here provis the obto mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in the propition of this change.	ree to act in the performance of for in Chap hereby confirmations.		
Signati	uto of Registered Agent			