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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Irrigation Service Pr	iotessionals
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Antonio Rufin Name of Person	·
Irrigation Service Profess Firm/Company	ionals
240 E 61 ST Address	
Address	
Hialeah, FL, 33013	
Hialeah, FL, 33013 City/State and Zip Code	
Irrigationservice professionals@gn	nail.com
E-mail address: (to be used for future annual report not	
For further information concerning this matter, please call:	
AAtonio RuFin at 781	6,237-7147
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: 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
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
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. No	ame of the limited liability company: Irrigation	n service	- Professionals
2. (a)	240 E 61 St	(b) 24°	0 E 61 St
(,	Principal office address of limited liability company:		tailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) Higlegh FL, 33013	امنا	(Note: MAY BE POST OFFICE BOX) UGH, FL, 33013
	HICKAN, FC, 33013	_ <u>HIGR</u>	ech, Pt, 33013
			· · · · · · · · · · · · · · · · · · ·
	07/22/24	L240	00322634
3.	Date of filing registration in Florida	4.	Document number
5 (a)	Vanesa Rufin		
(42)	Registered Agent and Registered Office shown on the records of	he Florida Dept. of State	
	240 E 61 St		160:11.723
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	Hialeah, FL, 33013		23
	, FL		
	, FL		e 02
(b)	Antonio Rufin		. 22
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	NEW Registered Office Address:		
	_		
	240 E 61 St		
	Hialeah .FL	33013	
المطائلاً	imited liability company is not organized under the law	is of the State of Flor	ride it is baraby confirmed that after the
change	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 lia are authorized by an affirmative vote of the members o		
	cles of organization or the operating agreement of the	limited liability com	pany.
	7/1/5	Q_{n}	train Pusin

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acceptable.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent