

L58611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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10 JUL 12 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACH 7/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREASURE COAST LAWN INC.
Name of Corporation

DOCUMENT NUMBER: L58611

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy JAGGERS
Name of Contact Person

TREASURE COAST LAWN INC.
Firm/Company

2674 CONIFER DR.
Address

FT Pierce FL 34951
City/State and Zip Code

JAGG2000@BellSouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: Kathy JAGGERS
Name of Contact Person at (772) 409 4974
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TREASURE COAST LAWN INC.
2. The principal office address: 3231 OLEANDER AV
FT PIERCE FL 34982
3. The mailing address (if different): 2674 CONIFER DR.
FT PIERCE FL 34951
4. Date of incorporation/qualification: MAR 20 1990 Document number: L 58611
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KATHY JAGGERS
699 IXORIA AV
FT PIERCE FL 34982

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KATHY JAGGERS
2674 CONIFER DR
FT PIERCE FL 34951

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathy Jaggers Pres
Signature of an officer or director

KATHY JAGGERS Pres
Printed Name of Officer or Director

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kathy Jaggers
Signature of Registered Agent

KATHY JAGGERS
Printed Name of Registered Agent

If signing on behalf of an entity:

7-5-10

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314