# 198000001168

(Re	questor's Name)	)				
(Address)						
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Na	me)				
(Business Entity Name)						
(Document Number)						
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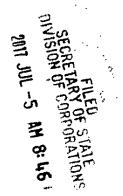


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N. CAUSSEAUX JUL 6 2017



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2017

MARTA STEWART M. STEWART AND COMPANY 570 LEXINGTON GREEN LANE SANFORD, FL 32771

SUBJECT: LANDWORKS GROUP, L.C.

Ref. Number: L98000001168

We have received your document for LANDWORKS GROUP, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form submitted is for a corporation not an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 617A00012870

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2017,

corporate sees

MARTA STEWART
M. STEWARF AND COMPANY
570 LEXINGTON GREEN LANE

8ANFORD, FL 32771

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Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 617A00012870

corrected

2017 JUL -S FH 2: 57

#### COVER LETTER

Division of Corporations		
SUBJECT: LANDWORKS GROUP, LLC		
Nam Nam	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
MARTA STEWART		
Name of Person		
M. STEWART AND COMPANY		
Firm/Company		
570 LEXINGTON GREEN LANE		
Address	<del></del>	
SANFORD, FL 32771		
City/State and Zip Code		
marta@mstewartandco.com		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter,	please call:	
MARTA STEWART	at (407 323-8332	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
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 affice or registered agent, or both, in the State of Florida.

1. Name of the limited liability company	LANDWOR	KS GROUF	, LLC.		
2. (a) 110 LEXINGTON GREEN LA	ANE				
Principal office address of limited (Note: MUST BE STREE)			Mailing add ( <u>Note: M</u>	itess of limited liabil IAY BE POST OFF	
110 LEXINGTON GREEN L	_ANE				
SANFORD, FL 32771					
07-22-1988		L9	8000001168		
Date of filing/registration	in Florida	4.	Documer	nt number	<del></del>
5. (a)					
Registered Agent and Registered Office sl	hown on the records (	of the Florida De	pt. of State:	•	
AZIM MANJI	•				일
Registered Office Address (MUST BE	FLORIDA STREET	(ADDRESS)	<del></del> -		SEI SEI
110 LEXINGTON GREEN L	_ANE				SECRETAF 2011 JUL
SANFORD	-	., 32771			片解
P	, 1.	l.,			RY OF
(b)					3 750
(b) Enter name of <u>NEW Registered Agent</u> at	nd/or NEW Registers	d Office addres	Σ:		<b>9</b> 7 7 7
M. STEWART AND COMPA	NNIV				AN 8: 46
					<i>- ∵</i> /n
NEW Registered Office Address:  570 LEXINGTON GREEN L	ANE				
570 LEXINGTON GREEN L	ANE				
SANFORD	, F	32771			
the limited liability company is not orga e change or changes are made, the Floric gent will be identical. Or, in the case of a as/were authorized by an affirmative vot a articles of organization or the operation	unized under the la da street address of a Florida limited l e of the members	iws of the Sta of the registere liability comp of the limited	te of Florida, it is ed office and the b any, it is hereby c liability company	ousiness office of onfirmed that the y or as otherwise	f the registered e change(s) provided in
the for		MART	A STEWART	MANAG	
Signature of a member or authorized representation				typed name of signer	
hereby accept the appointment as registe ovisions of all statutes relative to the project obligations of my position as registered wherely leftect a change in the registered bified in writing of this change.	ered agent and ag oper und complete d agent as provid opfice address, I	gree to act in t e performance ed for in Chaj hereby confi	his capacity. I fu e of my dutics, and oter 605, F.S. Or, m that the limited	orther agree to co d I am familiar w , if this document I liability compa	omply with the vith and accept is being filed ny has been
ignature of Registered Agent					