

P00000033500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800111220768

11/01/07--01017--021 \*\*35.00

LA Kelly

FILED

07 NOV - 1 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts NOV - 2 2007

*Leininger Law Firm, P.A.*

*114 Palmetto Street, Suite 8*

*Destin, FL 32541*

---

Michael R. Leininger  
Attorney & Counselor at Law

Telephone: (850) 650-9916  
Facsimile: (850) 650-9963

---

October 30, 2007

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Statement of Change of Registered Office and Registered Agent for  
LAWNSCAPE SERVICES, INC., a Florida corporation

Dear Sir or Madam:

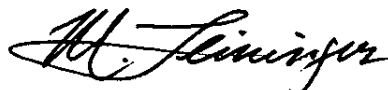
Please find the enclosed Statement of Change of Registered Office and Registered Agent for LAWNSCAPE SERVICES, INC., a Florida corporation. I respectfully request that you forward these documents to the appropriate department for timely filing and processing.

I have also enclosed funds in the amount of Thirty Five and 00/100 Dollars (\$35.00) to cover the cost of the filing fees as indicated.

If there are any issues, questions or concerns relating to this request or any deficiencies contained herein, please feel free to contact me via the office information listed above in order to discuss the same.

Thank you in advance for your professional courtesy and immediate assistance in this regard.

Sincerely,



Michael R. Leininger

MRL  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAWNSCAPE SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000033500

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:

Michael R. Leininger  
(Name of Contact Person)

Leininger Law Firm, P.A.  
(Firm/Company)

114 Palmetto Street, Ste. 8  
(Address)

Destin, FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael R. Leininger at ( 850 ) 650-9916  
(Name of Contact Person) (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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lawnscape Services, Inc.
2. The principal office address: 500 Industrial Park Road, Building J, Unit 24, Destin, Florida 32541
3. The mailing address (if different): P.O. BOX 5154, Destin, Florida 32540
4. Date of incorporation/qualification: 04/03/2000 Document number: P00000033500
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MALEK, MAGDI A.; 431 SNAPPER DRIVE, DESTIN FL 32541

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

Leininger Law Firm, P.A.

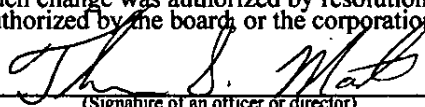
114 Palmetto Street, Ste., 8

(P.O. Box NOT acceptable)

Destin, FL 32541

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.

  
(Signature of an officer or director)

Vice President  
(Printed or typed name and title)

*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.*

  
(Signature of Registered Agent)

10.29.07  
(Date)

If signing on behalf of an entity:

Michael R. Leininger, President

(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

CR2E045 (8/05)

FILED  
07 NOV - 1 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA