

P00000062162

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : MYRA LOUGHRAN
Account Number : I19990000238
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Fax Number : (904) 249-0841

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

ALL LAWN CARE SERVICES, INC.

Certificate of Status	0
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MAY 17, 2002

ALL LAWN CARE SERVICES, INC.
1161 TOLKIEN LANE
JACKSONVILLE, FL 32225

SUBJECT: ALL LAWN CARE SERVICES, INC.
REF: P00000062162

WE RECEIVED YOUR ELECTRONICALLY TRANSMITTED DOCUMENT. HOWEVER, THE DOCUMENT HAS NOT BEEN FILED. PLEASE MAKE THE FOLLOWING CORRECTIONS AND REFAX THE COMPLETE DOCUMENT, INCLUDING THE ELECTRONIC FILING COVER SHEET.

THE REGISTERED AGENT MUST SIGN ACCEPTING THE DESIGNATION.

THE SIGNATURE OF THE NEW REGISTERED AGENT SHOULD APPEAR AT THE BOTTOM LINES.

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) 245-6880.

KAREN GIBSON
CORPORATE SPECIALIST

FAX AUD. #: H02000140188
LETTER NUMBER: 002A00031779

H020001401882

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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: All Lawn Care Services, Inc.
2. The mailing address of the corporation: 1161 Tolkien Lane
Jacksonville, FL 32225
3. Date of incorporation/qualification: 6/23/2000 Document number: 000000062162
4. The name and address of the current registered agent and office:

Robert D. Bergin1161 Tolkien LaneJacksonville, FL 32225

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Myra Loughran, P.A.333 First St. N., Suite 305Jacksonville Beach, FL 32250

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.

Robert D. Bergin
(Signature of an officer, chairman or vice chairman of the board)

5/10/02
(Date)

Robert D. Bergin VP
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Myra Loughran
(Signature of Registered Agent)

5/10/02
(Date)

If signing on behalf of an entity:

Myra Loughran

(Typed or Printed Name)

(Capacity)

Registered Agent

H020001401882

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

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