## PD1000091329

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SECRETARY OF STATE DIVISION OF COMPONIATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

WILSON LANDSCAPING & MANAGEMENT CORP.

Name of Corporation

DOCUMENT NUMBER: P010000991329

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:

## TAMMY WILSON

Name of Contact Person

WILSON LANDSCAPING & MANAGEMENT CORP.

Firm/Company

1300 NW 17TH AVE. SUITE 270

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

TAMMY@WILSONMANAGEMENT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY WILSON

<sub>at</sub> 561

637-3402

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	_
		CAPING & MANAGEMENT CORP.	
	office address: 1300 NW 17TH AVBEACH, FL 33445	VE. SUITE 270	<del></del>
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 9/18/01	Document number: P0100009 1329	)
5. The name and		gent and registered office on file with the	
	DANNY WILSON		
	4723 W ATLANTIC AVE A-19	9	
	DELRAY BEACH, FL 33445		Elvio Pistorio
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered office	NESERETARY OF CORT
	DANNY WILSON		7 P. S.
	1300 NW 17TH AVE. SUITE	E 270	PH I: B
	P.O. Box NOT	acceptable	
	DELRAY BEACH, FL 33445	444	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered a	gent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
MAN	1/(1/1)	TAMARA A WILSON, SECRETAR	<u>'Y</u>
I hereby accept I further agree to performance of	the appointment as registered agent and to comply with the provisions of all state my dulles, and I am familiar with and a	<b>~·</b>	d
Day	ler	4/29/15	
/	half of an entity:	Date	
DANNY L. '	half of an entity:		
	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)