## PO1000098568

(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:	
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AMM 2/A Chg. 7/25/03

## TRANSMITTAL LETTER

SUBJECT: N	(Name of corporation)
DOCUMENT NUMBI	ER:P01000098568
The enclosed Statement	t of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corresp	oondence concen~ .ing this matter to the following:
*	Elisa Freeman
	(Name of person)
•	National Landscaping Service, Inc.
	(Name of firm/company)
	1010 Pennsylvania Ave.
	(Address)
	St. Cloud, FL 34769
	(City/state and zip code)
For further information	concerning this matter, please call:
	Eliza Freeman at (407) 891-8558

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

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

Amendment Section

Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 CR2E045(C7/02)

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

•	, 607.1508, or 617.1508, Florida Statutes, this statement of
change is submitted for a corporation organized under the	•
registered office or registered agent, or both, in the State of 1. The name of the corporation: NATIONAL LAN	
1. The name of the corporation: NATIONAL LAN	DSCAPING SERVICE, INC.
2. The principal office address: 1010 Pennsylvania Ave., 9	St. Cloud, FL 64769
3. The mailing address (if different):	<del></del>
4. Date of incorporation/qualification: 10/4/01	
Document number: P01000098568	
5. The name and street address of the current registered age State:	ent and registered office on file with, the Florida Department o
Andy J. Baumruk, CPA	
717 East Oak Street	
Kissimmee, FL 34744	<u> </u>
6. The name and street address of the new registered agent	(if changed) and /or registered office (if changed):
Elisa Freeman	To F
1010 Pennsylvania Ave.	RATE 9
St. Cloud, FL 34769	
(P.O. Box or personal	mailbox NOT acceptable)
The street address of its registered office and the street add will be identical.	ress of the business office of its registered agent, as changed
Such change was authorized by resolution duly adopted by board, or the corporation has been notified in writing of the	its boar4 of directors or by an officer so authorized by the change.
	Robert A. Freeman, Director/President
(Signature of an officer, chairman or vice chairman of the b	poard) (Printed or typed name and title)
I hereby accept the appointment as registered agent and ag provisions o all statutes relative to the proper and complete the obligation of my position as rektstered agent Or, if this registered ice address, I hereb5' confirm that the corporati	gree to act in this capacity. Further agree to comply with the e performance of my duties and I am familiar with and accept document is being filed merely to reflect a change in the ion has be en notified in writing of this change.
(Signature of Registered Agent)	(Date)
If signing oil behalf of an entity:	
Elisa Freeman	<u>Director</u>
(Typed or P)rinted Name)	(Capacity)

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