## P03000015770

| (Re                     | equestor's Name)   |                 |  |  |
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| (Cit                    | ty/State/Zip/Phone | <del>:</del> #) |  |  |
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SECRETARY OF STATE
TALLAHASSEE FLORIDA





## **COVER LETTER**

| TO:   | TO: Amendment Section Division of Corporations     |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| SUBJECT: A Landscape By Design, Inc.  (Name of Corporation)                                   |  |  |  |  |  |  |  |
| DOCUMENT NUMBER: P03000015770   |  |  |  |  |  |  |  |
| 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:                     |  |  |  |  |  |  |  |
|   | April B  | ,<br>runing  |  |  |  |  |  |
|   | (Name of Contact Person)                           |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   | A Landscape By                                     |  |  |  |  |  |  |
|   | (Firm/Co   | mpany)   |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   | 7722 SE 12   |  |  |  |  |  |  |
| (Address)   |  |  |  |  |  |  |  |
| Ocala, Florida 34480  |  |  |  |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |  |  |  |
| For fur   | ther information concerning this matter, please ca | all:   |  |  |  |  |  |
|   | April Bruning                                      | at ( 352 ) 861-9606 (Area Code & Daytime Telephone Number) |  |  |  |  |  |
|   | (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                 | Street Address: Amendment Section                          |  |  |  |  |  |
|   | Amendment Section Division of Corporations         | Amendment Section Division of Corporations                 |  |  |  |  |  |
|   | P.O. Box 6327                                      | Clifton Building   |  |  |  |  |  |
|   | Tallahassee, FL 32314                              | 2661 Executive Center Circle                               |  |  |  |  |  |
|   | ,  | Tallahassee, FL 32301                                      |  |  |  |  |  |

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

| statement of cha   | provisions of sections 607.050<br>ange is submitted for a corpora<br>er to change its registered offic  | tion organized under the law  | ws of the State of _F   | Lorida  |
|--|---|---|---|---|
| 1. The name of   | the corporation: A Landscape  | By Design, Inc.   |   |   |
| 2. The principal   | office address: 7722 SE 12th  | Circle, Ocala, Florida, 3448  | 0   |   |
| 3. The mailing a   | address (if different):   |   |   |   |
| 4. Date of incor   | poration/qualification: Februa  | ry 2003 Document i  | number: P030000   | 15770   |
|  | d street address of the current rrtment of State:   | egistered agent and registere   | ed office on file with  | n the   |
|  | April Bruning   |   |   |   |
|  | 3001 Sw 24th Ave. #19   | 913   |   |   |
|  | Ocala, Florida 34474  |   |   |   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office of APR APR APR |   |   |   |   |
|  | 7722 SE 12th Circle   |   |   | LE<br>26<br>ARY C   |
|  | Ocala, Florida 34480  | OT acceptable)  |   | PM 8: 3   |
| The street address changed will  | ess of its registered office and be identical.  | the street address of the bu  | usiness office of its   |   |
|  | as authorized by resolution du<br>he board, or the corporation h  |   |   |   |
|  | -   | <b>x</b> · . 1  |   | D - 10=0  |
| hm   | the appointment as registere to comply with the provisions and I am familiar with and accoing filed merely to reflect a ches been notified in writing of the grature of Registered Agent) | d agent and agree to act in of all statutes relative to the ept the obligation of my postange in the registered officials change. | this capacity, the proper and commission as registered address, I hereby (Date) | plete performance<br>l agent. Or, if this<br>y confirm that the |
| ı  | ehalf of an entity:   |   |   |   |
|  | Drumina Typed or Printed Name)  |   |   |   |

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