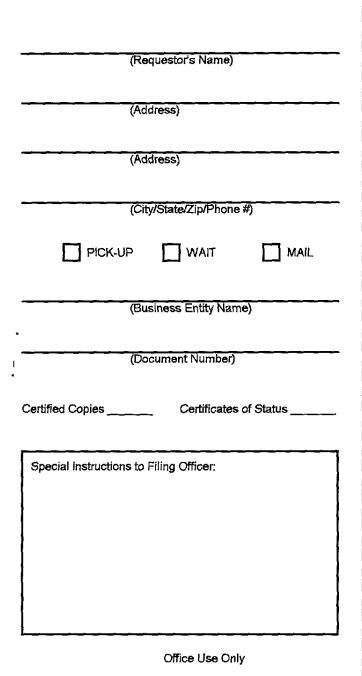
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	ECT: Mid Florida Lawn & Landsca	aping, Inc.	
DOCU	MENT NUMBER: P03000024540		
The end	closed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matte	r to the following:	
	Karl Snow		
	(Name of Co	mact rerson)	
Mid Florida Lawn & Landscaping, Inc. (Firm/Company)			
2618 Timbercreek Loop W (Address)			
	(1000)	
	Lakeland, Fl 33805		
	(City/State a	nd Zip Code)	
For furt	ther information concerning this matter, please of	call:	
April S	Snow (Name of Contact Person)	at (863) 868-6563 (Area Code & Daytime Telephone Number)	
Enclose	ed is a \$35.00 check made payable to the Depart	tment 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, 617.05 statement of change is submitted for a corporation organization.	
in order to change its registered office or regis	
٠	to Landscaping, Inc.
1. The name of the corporation: Mid Florida Lawn	
2. The principal office address: 2618 Timbercreek L	oop w, cakeland, Fi 33603
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/28/2003	Document number: P03000024540
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the
Karl Snow	
921 East Bella Vista St.	
Lakeland, Fl 33805	SSE SE
6. The name and street address of the new registered ag (if changed):	
Karl Snow	FIST
2618 Timbercreek Loop V	
(P.O. Box NOT acceptable Lakeland, FI 33805	ole) ァ
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been a	ted by its board of directors or by an officer so notified in writing of the change.
(Signature of an officer or director)	Karl Snow, President (Printed or typed name and title)
,,	and agree to act in this capacity, atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
ht_	09/16/2005
Signature of Registered Agent) If signing on behalf of an entity:	(Date)
is signing on octain or an entity.	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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