

PD4 0000 29452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

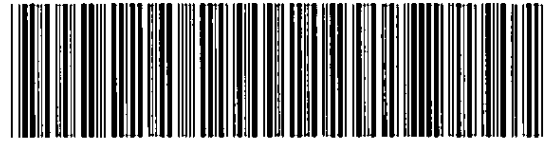
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DIVISION OF CORPORATIONS

Ra Change

AUG 09 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B: S Lawn Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P 04 00002 9452

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:

Tina Policano
Name of Contact Person

B: S Lawn Care Inc.
Firm/Company

P.O. BOX 218
Address

Buskin FL 33575-0218
City/State and Zip Code

BSlawnCare@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG - 7 PM 2: 30

For further information concerning this matter, please call:

Tina Policano at (724) 747-5679
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

TINA POLICANO
B&S LAWN CARE INC
P.O. BOX 218
RUSKIN, FL 33575-0218

SUBJECT: B&S LAWN CARE, INC.
Ref. Number: P04000029452

We have received your document for B&S LAWN CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00013622

RECEIVED

2019 AUG - 7 AM 10:05

SEP 11 2019

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, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: B'S LAWN Care LLC
2. The principal office address: ~~PO BOX 218 RUSKIN FL 33575-0218~~
10031 Sage Creek Dr. Ruskin FL 33573
3. The mailing address (if different): PO BOX 218 RUSKIN FL 33575-0218
4. Date of incorporation/qualification: 6-14-19 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

WILLIAM E MAXWELL William E Maxwell
713 Bunker View Dr
Apollo Beach, FL 33572 Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tina Policano
~~10031 Sage Creek Dr~~ - 10031 Sage Creek Dr
CANONSBURG PA 15317 RUSKIN, FL 33573

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, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Tina Policano / President
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Tina Policano
Signature of Registered Agent

8-4-19
Date

If signing on behalf of an entity:

Typed or Printed Name

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