

P04 0000 35570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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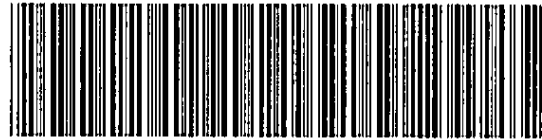
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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CH. 127

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEATON'S TRUE CARE LAWN SERVICE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P04000035570

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:

Seaton Stoufer

Name of Contact Person

SEATON'S TRUE CARE LAWN SERVICE, INC.

Firm/Company

1059 60th Avenue North

Address

St. Petersburg, FL 33703

City/State and Zip Code

ryanstoufer@aol.com

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

For further information concerning this matter, please call:

Seaton Stoufer

at (727) 631-2427  
Arca Code & Daytime Telephone Number

Name of Contact Person

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2021

SEATON STOUFER  
SEATON'S TRUE CARE LAWN SERVICE, INC.  
1059 60TH AVENUE NORTH  
ST PETERSBURG, FL 33703

SUBJECT: SEATON'S TRUE CARE LAWN SERVICE, INC.  
Ref. Number: P04000035570

We have received your document for SEATON'S TRUE CARE LAWN SERVICE, INC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

We have no record of a LCP Bookkeeping on our database.

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: 621A00010688

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEATON'S TRUE CARE LAWN SERVICE, INC.
2. The principal office address: 1059 60th Avenue North, St. Petersburg, FL 33703
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 02/24/2004 Document number: P04000035570
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)

MCKEON, CAROLINE

11404 SUNCREEK PLACE

TEMPLE TERRACE, FL 33617

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

LCP Bookkeeping

2504 30th Avenue North

St. Petersburg, FL 33713

Seaton Stoufer

1059 60<sup>th</sup> Ave No.

P.O. Box NOT acceptable

St Petersburg FL 33703

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.

Seaton Stoufer  
Signature of an officer or director

Seaton Stoufer, 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.

Seaton Stoufer  
Signature of Registered Agent

6/8/2021  
Date

If signing on behalf of an entity:

Seaton Stoufer  
Typed or Printed Name

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

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

CR2E045 (04/13)

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