

P05000007117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

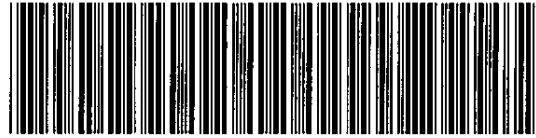
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

X00789, 00614, 00610, 00671, 9/1/09 ASB

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Micco Land and Tree Service, Inc.
Name of Corporation

DOCUMENT NUMBER: # P05000007117

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:

Alvin & Tonya Moore
Name of Contact Person

Micco Land and Tree Service, Inc.
Firm/Company

P.O. Box 365 ~~Roseland, FL 32957~~
Address

Roseland, FL 32957
City/State and Zip Code

micco land and tree@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvin & Tonya Moore at (772) ^{or 473-6144} 664-3942
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

August 17, 2009

Alvin & Tonya Moore
Micco Land & Tree Service, Inc.
P.O. Box 365
Roseland, FL 32957

SUBJECT: MICCO LAND & TREE SERVICE, INC.
Ref. Number: P05000007117

We have received your document for MICCO LAND & TREE SERVICE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A post office box is not an acceptable address for the registered agent.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 909A00027901

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2009 AUG 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Micco Land & Tree Service, Inc.
2. The principal office address: 5655 Micco Rd. Micco, FL 32976
3. The mailing address (if different): PO Box 365 Roseland, FL 32957

4. Date of incorporation/qualification: 1/13/05 Document number: PO5000007117

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)

"resigned" Chris O'Rourke
1623 US 1 Sebastian, FL
32958

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

Alvin Moore
8135 Pineridge Tr.
Micco, FL 32976
P.O. Box NOT acceptable

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SECRETARY OF STATE

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.

Alvin E. Moore
Signature of an officer or director

Alvin E. Moore
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.

Alvin E. Moore
Signature of Registered Agent

8-8-09
Date

If signing on behalf of an entity:

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