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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF FIRBIO.

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: FLGLG V-ALGIUS TOC (Name of Corporation) |
| DOCUMENT NUMBER: <u>00500007,4236</u> |
| 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: |
| ROBERT ZEILLY (Name of Contact Person) |
| EAGCE MOWING INC |
| 1296 Potowsc Dr. (Address) |
| Menatt Iscand, fl. 32652 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at (321) 537-1310 (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

TO:

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 Los references in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: EAGLE MOWING, TNC. |
| 2. The principal office address: 1290 POTOMAC Drice, Work HISCHAR, |
| Fc.32952 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 2/15/05 Document number: POSOOOOZYIBL |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| JEARY D. LACUSERT |
| JEARY D. LACHERYT DE SON |
| Mounity Iscaro, fc. 32952 35 5 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| ROBERT REILLY BET 9 |
| 1290 Patowa Dujue P.O. Box NOT acceptable) |
| Manist Isexad, fl. 33982 |
| 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. |
| Kubune Kully ROBERT E. REILLY - PRESIDEN (Signature of an officer or director) (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. |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of 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 * * *