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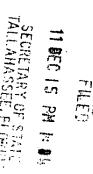
(Requestor's Name)
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Artful Landscaping & F	Pest Control, Inc.					
	Name of Co						
DOCUMENT NUMBEI							
The enclosed Statement of	f Change of Registered Office	/Agent and fee are submi	tted for filing.				
Please return all correspo	ndence concerning this matter	to the following:					
	Lonnie C Name of Con	Brigsby	<del>-,</del>				
	Name of Con	tact Person					
	Artful Landaganian (	Doct Control Inc					
Artful Landscaping & Pest Control, Inc. Firm/Company							
1036 Oak Meadow Lane							
<del></del>	Addr	ess					
Osprey, FL 34229 City/State and Zip Code							
	·	•					
lonnie@artfullandscaping.com  E-mail address: (to be used for future annual report notification)							
E-ma	if address. (to be used for th	ture annual report noti	neadony				
For further information or	oncerning this matter, please ca	all•					
roi iuithei illioilliation co	oncerning this matter, prease co	111.					
	ie Grigsby Contact Person	at ( 941 ) Area Code & Dayti	408-7080				
Name of C	contact reison	Area Code & Dayti	me reteptione Number				
Enclosed is a \$35.00 chec	k made payable to the Departr	ment of State.					
	Iniling Address:	Street Address	L				
Amendment Section Division of Corporations			Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Buildin					
Ī	allahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted for a corpo	oration organized	7.1508, or 617.1508, Flor under the laws of the State agent, or both, in the State	of Florida			
			k Pest Control, Inc e, Osprey, FL 34229	<u>•</u>			
3. The mailing addre	ess (if different): Same	)					
4. Date of incorpora	Date of incorporation/qualification: 2/28/05 Document number: P05				000030929		
	eet address of the curren nt of State: (If resigned,		and registered office on fil	e with the			
Lo	onnie O Grigsby				Бо -	<u>+</u>	
61	4 Norton Street		·		ECRE	層の	
Lo	ongboat Key, FL 34			<del></del>	~==	5	
6. The name and stre (if changed):	eet address of the new re	egistered agent (if	changed) and /or registered	d office	OF STAIL		
Lo	onnie O Grigsby			· ·	Server of the se		
<u>10</u>	36 Oak Meadow La	P.O. Box NOT acce	ntable				
Os	sprey, FL 34229	1,0. Dok 1101 www	<b>PMOID</b>				
The street address of as changed will be	of its registered office a	nd the street addr	ress of the business office	of its regist	ered agent	,	
_		duly adopted by Lhas been notifie	its board of directors or b d in writing of the change	y an officer	so		
Signature of	an officer or director	<u> </u>	onnie O Grigsby, Pre	esident/Se	cretary		
I further agree to co of my duties, and I document is being t	appointment as registe omply with the provisio am familiar with and a filed merely to reflect a en notified in writing of	ns of all statutes ccept the obligati change in the res	ree to act in this capacity relative to the proper and on of my position as regis gistered office address, I h	l complete p stered agent hereby confi	erformanc Or, if thi rm that the	re is e	
Signatur	e of Registered Agent	<del></del>	12/11/1 Date	1	<del></del>		
If signing on behalf	of an entity:						
Typed	or Printed Name						

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