

POS 000075715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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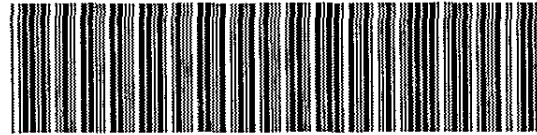
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA  
Kchange

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** McKendree's Mowing Service Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000075715

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:

Tony McKendree  
(Name of Contact Person)

McKendree's Mowing Serv. Inc.  
(Firm/Company)

97035 Cutlass Way  
(Address)

Yulee FL 32097  
(City/State and Zip Code)

For further information concerning this matter, please call:

Same at (904) 277-4768  
(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

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

1. The name of the corporation: McKendree's Mowing Serv. Inc  
2. The principal office address: 97035 Cutlass Way  
Yulee FL 32097  
3. The mailing address (if different): Same  
4. Date of incorporation/qualification: 5/05 Document number: P05000075715  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Service Co.

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

Tony McKendree  
97035 Cutlass Way  
(P.O. Box NOT acceptable)  
Yulee FL 32097

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.

Tony McKendree  
(Signature of an officer or director)

Tony McKendree  
(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.

Tony McKendree  
(Signature of Registered Agent)

10-4-06  
(Date)

If signing on behalf of an entity:

Tony McKendree  
(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 (8/05)

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