## P05000 153208

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

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: CandScape Depot Investments, Inc.  |
| DOCUMENT NUMBER: P05000153208   |
| 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:   |
| Chad B. Butley Name of Contact Person   |
| Landscape Depot Investments, Inc.   |
| 3524 Turence Way  |
| Wellington, Fl. 33449 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Chad B. Butley  Name of Contact Person  at 54 514-1122  Area Code & Daytime Telephone Number  |
| Enclosed is a \$35.00 check made payable to the Department of State.  |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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, 617.050 statement of change is submitted for a corporation organ   |   |
|---|---|
| in order to change its registered office or regist  |   |
| 1. The name of the corporation: Landscape T   | sepot Investments, Inc.   |
| 2. The principal office address: 2054 Vist  | of Parkway, Suite 400,  |
| West Palm Beach, Fl. 35   | 3411  |
| 3. The mailing address (if different): 3594 1   | urenne Way  |
| Wellington  | n, F1. 33449  |
| 4. Date of incorporation/qualification: 11/17/05  | Document number: PØ50005370   |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resign  |   |
| Chad B. Butler  |   |
| 10546 Versailles P  | Slud.   |
| Wellington, Fl. 334   | 149   |
| 6. The name and street address of the new registered age (if changed):  | ent (if changed) and /or registered office  |
| Chad B. Butler  |   |
| · 3524 Turenne Wal  | Vacceptable   |
| Wellington, Fl. 334   | 149   |
| The street address of its registered office and the street as changed will be identical.  | address of the business office of its registered agent,   |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no   | by its board of directors or by an officer so tified in writing of the change.  |
| Vheny   | Printed or typed name and title   |
| Signature of an officer or director  I hereby accept the appointment as registered agent an   | ••  |
| I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refl hereby confirm that the corporation has been notified i | utes relative to the proper and complete<br>accept the obligation of my position as registered<br>lect a change in the registered office address. I |
| Nav   | March 29, 2019  |
| Signature of Registered Agent   | Date  |
| If signing on behalf of an entity:  |   |
| CHAO 6- BUTCER Typed or Printed Name  |   |
| ryped or rinned (vame   |   |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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