P06000024958

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



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BYZOME SOME POT

-RA Chgi
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3/28

TO WHOM IT MAY CONCERN -

DOC. # POGOOODZ4958

MY MAILING ADDRESS HAS CHANGED.
THE NEW ADDRESS IS -

TAMARAC, EL 33319

I have ALSO INCLUDED THE PAPERS TO CHANGE THE MELL

I would also like A certifico copy of my Aricles of Theoremation matel to my New Address. I have enclosed A CHECK FOR BOTH OF The Two items I have requested.

Pleme send once the changes have been made.

Thank You

H.D. HARVEY, III - PRESIDENT

COVER LETTER

Division of Corporations
SUBJECT: HDH LAWN CARE, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P0600024958</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:
Jon Polenberg 259. (Name of Contact Person)
Wosserstrom Weinreb + Wealcoth PL (Firm/Company)
1909 Tyler Street - Perthonse
Hally wood of 33620 (City/State and Zip Code)
For further information concerning this matter, please call:
Hemilton / HRUY at (957) 557 2198 (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 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HD H CAWN CARE, INC
2. The principal office address: 11310 W. 5 Amole Rd
CORAL Springs, PC 33065
3. The mailing address (if different): 6805 W. Commencial BLVD #275
TAMARAC, FL 33319
4. Date of incorporation/qualification: Z-19-2006 Document number: P0600024958
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORT HULLETT
11310 w sample red
Conr Springs, FC 33065
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jon Polenberg, Esq. 1909 Tyler Street-Perthonse Hollywood R 33020
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.
(Signature of an other or director) = Hamicron D. Hancey, III - President
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) 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 CR2E045 (8/05)

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