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SECRETARY OF STATE
TALLAHASSEE, FLORID;

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GA'S LA WIMON ED INC (Name of Corporation)
DOCUMENT NUMBER: \$\int 060000 4764\rightarrow \rightarrow \rightar
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:
CARLOS GARCIA (Name of Contact Person)
GA'S LAWN MONERATIVE (Firm/Company)
106 COMMERCE WAY STEB
JUPITEN, FLOMOR 3345-8 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 371-4057 (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 <u>FLoVAPF</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GAIS LAWN MOWER, THU
2. The principal office address: 106 COMMEREF. WAY, STEB6 JUPITEN, FL, 33 458
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/63/06 Document number: PO600047042
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JAMES JO! HEARN 2 W. N. F. 17 th COLLET
5. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
<u>CAMOS GARCIA</u>
106 COMMERCE WAY, STEB (P.O. Box NOT acceptable) JUPITEN, FL 33458
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 officer or director) (ARLOS GORCIA (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 potified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
CACLOS GARCIA (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 * * *