

PO6000131877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

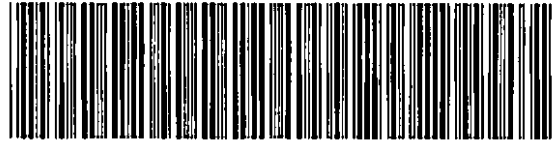
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/07/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Updated Agent name and Address  
Name of Corporation

**DOCUMENT NUMBER:** P06000131877

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:

Eileen Garcia

Name of Contact Person

Valencia Lawn and Irrigation Services INC

Firm/Company

141 Desoto Blvd N

Address

Naples , FL 34120

City/State and Zip Code

eileenvalencia.inc@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Garcia

at (239) 417-0028  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303