

PD70000023123

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6340

From:

Company Name : A1A REGISTERED AGENT INC.
Account Number : 10090000000000000000
Phone : (850) 617-6340
Fax Number : (850) 617-6340

17 APR 25 PM 3:22
DIVISION OF CORPORATIONS
STATE OF FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
GRASSHELPERS INC.

Certificate of Status

0

Certified Copy

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Page Count

02

Estimated Charge

\$35.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

17 APR 25 PM 2:57

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APR 26 2017
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A1A REGISTERED AGENT INC.

561-202-8082

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

1. The name of the corporation: GRASSHELPERS INC.
2. The principal office address: 413 SW DAGGET AVE.
PORT ST. LUCIE, FL 34953
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/20/2007 Document number: P07000023123

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

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

A1A REGISTERED AGENT

5647 110TH AVENUE NORTH

P.O. Box NOT acceptable

ROYAL PALM BEACH, FL 33411

STATE DEPT. OF STATISTICS
DIVISION OF CORPORATIONS
17 APR 25 PM 3:22

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.

Paul McKenna
Signature of an officer or director

PAUL E MCKENNA, COO

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.

Tina Maki
Signature of Registered Agent

04/25/2017

Date

If signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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