

PO8000016064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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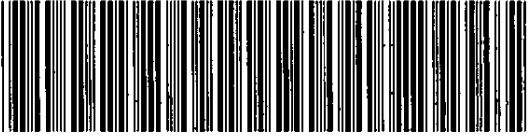
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miami Dade Landscaping Group Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000016064

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:

Lazaro M. Dominguez  
(Name of Contact Person)

Miami Dade Landscaping Group Inc.  
(Firm/Company)

4910 SW 138 Avenue  
(Address)

Miami Florida 33175  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lazaro M. Dominguez at (305) 316-2300  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

