(Requestor's Name)	
(Address)	100210090
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Amendment Section Division of Corporations							
	SUBJECT: "A" Lawn Smith Inc Name of Corporation							
*	+ DOCUMENT NUMBER: <u>P09000098703</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:							
	Wayne Smith Name of Contact Person							
	A Lawn Smith Firm/Company							
	1143 Woodside Dr. Address							
	Holly Llill FL 32/17 City/State and Zip Code							
	ALawn Smith a Vmgil, Com E-mail address: (to be used for future annual report notification)							
]	For further information concerning this matter, please call:							
_	Wound Smith at (386) 252-2249 Name of Contact Person Area Code & Daytime Telephone Number							
	→ Name of Contact Person Area Code & Daytime Telephone Number							
I	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

Way A	yped or Printed Name		G FEE: \$35.00	* * *			\
- •	chalf of an entity:	la -					
Sig	marure of Registered Age			7-14	Z/- // Date		
nereby accept further agree of my duties, an document is be corporation ha	t the appointment of to comply with the and I am familiar wing filed merely to s been notified in the control of the control o	is registered agen provisions of all ith and accept the reflect a change writing of this cha	it and agree to a statutes relative colligation of min the registered inge.	e to the pro y position office add	per and comp as registered lress, I hereby	olete perfor agent. Or, confirm th	mance if this at the
Noy Signati	re continue of an officer or direction	or .	Way	ne RS	yped name and title	Pres	
	ess of its registered be identical. as authorized by re he board, or the co						agent,
	1143 Wood	51de Dr. H P.O. Bo	NOT acceptable	FL	33117	第3. ·· · · · · · · · · · · · · · · · · ·	
		Woyne So side Dr. H	nith			EE FL	
6. The name an (if changed):	d street address of	the new registered	agent (if change	d) and /or r	egistered offic	× SS AHASS	
	160	My Hill	FL 32	3 <i>117</i>	,		2
		Thoeha Ridge					•
	rtment of State: (If	resigned, enter res	signed)			•	
	poration/qualificated street address of						18 10
		•					
3. The mailing	address (if differen	t):					
2. The principa	l office address:	1143 W.	odside	Dc.	Holly b	lill, FI	<u>-391</u>
	the corporation:	"A" La	<u>un Sm</u>	<u>ith</u>	Inc		