

P100000076224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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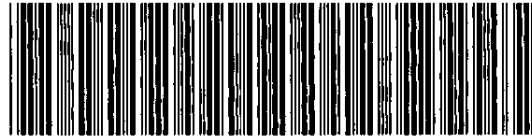
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 02 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENVIROSCAPES PLUS INC.
Name of Corporation

DOCUMENT NUMBER: P10000076224

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:

Johnny L. CANNON
Name of Contact Person

ENVIROSCAPES PLUS INC.
Firm/Company

4661 NW 4th Street
Address

Plantation, FL. 33317
City/State and Zip Code

Johncenviroscaresplus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny L. CANNON at (941) 204 8811
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

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

1. The name of the corporation: ENViroscaPES Plus Inc.
2. The principal office address: 3285 CYPRESS LEGends Circle
apt. 924, Fort MYERS, FLorida 33905 usa
3. The mailing address (if different): mailing address
Same as ABOVE #2.
4. Date of incorporation/qualification: 09-17-2010 Document number: P10000076224
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)

CANNON, Johnny L.
6602 Tidwell Street
North Port, FLorida 34291 usa

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

CANNON, Johnny L.
4661 NW 4th Street
Plantation, FLorida 33317

P.O. Box NOT acceptable

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SECRETARY OF STATE

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.

Johnny L. Cannon
Signature of an officer or director

Johnny L. Cannon, President
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.

Johnny L. Cannon
Signature of Registered Agent

04-24-2012
Date

If signing on behalf of an entity: N/A

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)