P11000091918

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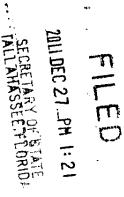
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Summerport Landscape& Maintenance, Inc.								
	Name of Corporation							
DOCUMENT NU	MBER: P1	1000091918						
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:								
	Robert	L. Taylor						
-	Robert L. Taylor Name of Contact Person							
Taylor & Carls, P.A.								
Firm/Company								
150 N. Westmonte Drive								
	Address							
Altamonte Springs, FL 32714 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
F	Robert L. Taylor e of Contact Person	at (407)	660-1040					
Nam	e of Contact Person	Area Code & Daytim	ne 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 Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida
1. The name of	the corporation: Sumn	nerport Lands	cape & Maintenar	nce, Inc.
2. The principal	office address: 14501	BLUEBIRD PA	RK ROAD WINDERM	IERE FL 34786
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	10/19/2011	Document number:	P11000091918
	d street address of the cur rtment of State: (If resign		nt and registered office on t	file with the
	Janice C. Armstror	ng		<u> </u>
	1001 N. Lake Desi	iny Road, Suite	125	
	Maitland, FL 3275	1		THE PLEASE SECRETARY
6. The name and (if changed):	d street address of the nev	w registered agent (if changed) and /or register	200
	Taylor & Carls, P.A	١.		2
	150 N. Westmonte			# "
	Altamonte Springs	P.O. Box NOT ac FL 32714	cceptable	<u></u>
The street address changed will	ess of its registered offic be identical.	e and the street ad	dress of the business offic	ee of its registered agent,
Such change wanthonized by the	as authorized by resolut he board, or the corpora	ion duly adopted b	y its board of directors or led in writing of the chan	by an officer so
Bignath	ire of an officer or director		Isama rie	Rojes President
<u>M</u>	the appointment as reg to comply with the provind I am familiar with and ing filed merely to reflect is been notified in writing mature of Registered Agent	istered agent and cisions of all statuted accept the obligated accept the obligated accept the obligated accept the region of this change.	agree to act in this capact is relative to the proper a ation of my position as reg registered office address, Date	ty, nd complete performance ristered agent. Or, if this I hereby confirm that the
If signing on be	chalf of an entity:			
Robert	L. Taylor, Sharehol	der		

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