## P110000 93635

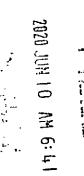
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300345287183

06/10/20 --01804 --001 \*+35.00



JUN 30 2020 S. YOUNG

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: From The Ground Up Lawn Service.
DOCUMENT NUMBER: P11 000093635
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:
Name of Contact Person Firm/Company  A Company  Part of Contact Person  Part of Company  Part of Company
1707 NTH 37TH STREET
FI PIENCE, FL 34947
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Day No
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** The Centre of Tallahassee

Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## 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: From the Ground Up Lawn Care Service 7
2. The principal office address: 309 N. 2319 St
H. Pierce, FL 34950
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/26/2011 Document number: P11000093635
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)
Spiegel + Utrera, PA
1840 SW 22nd St 4th Floor
1840 SW 22nd St 4th Floor Migni, FL 33145  6. The name and street address of the new registered agent (if changed) and /or registered office.
6. The name and street address of the new registered agent (if changed) and /or registered office.
(if changed):  DONACD NOBLE
1707 NTH 37TH STREET P.O. Box NOT acceptable
FTPIERCE, FL 34947
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.
DOWALD NOBIT Printed or typed fame 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 flotified in wrifing of this change.
Donal June 02, 2020 Signature of Registered Agent  June 02, 2020
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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