

PI2000058385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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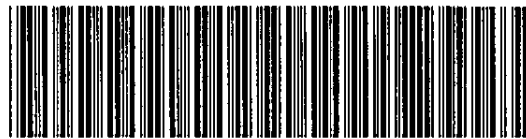
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
13 SEP 18 PM 2:45

SEP 19 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA Stone Pavers and Landscapes
Name of Corporation

DOCUMENT NUMBER: P12000058385

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:

Charisse Russell

Name of Contact Person

FLORIDA Stone Pavers + Landscapes, INC
Firm/Company

P.O. Box 141044
Address

Orlando, FL 32814
City/State and Zip Code

flstonePAVERLscpr@aol.com (and)

E-mail address: (to be used for future annual report notification)

CharisseRussell@hotmail.com

For further information concerning this matter, please call:

Charisse Russell at 407, 808-6324
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2013

CHARISSE RUSSELL
FLORIDA STONE PAVERS & LANDSCAPES, INC.
PO BOX 141044
ORLANDO, FL 32814

SUBJECT: FLORIDA STONE PAVERS & LANDSCAPES, INC.
Ref. Number: P12000058385

We have received your document for FLORIDA STONE PAVERS & LANDSCAPES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 513A00019091

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

1. The name of the corporation: FLORIDA Stone Pavers & Landscapes, Inc.
2. The principal office address: 204 E. South St. Unit 2058
Orlando, FL 32801
3. The mailing address (if different): P.O. Box 141044
Orlando, FL 32814
4. Date of incorporation/qualification: June 29, 2012 Document number: P12000058385

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)

CR CORPORATION SERVICE COMPANY
CR 1201 HAYS STREET
CR TALLAHASSEE, FL 32301 US

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

Charisse Russell
204 E. South St. Unit 2058
P.O. Box NOT acceptable
Orlando, FL 32801

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DIVISION OF CORPORATIONS
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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.

Charisse Russell
Signature of an officer or director

Charisse Russell
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.

Charisse Russell
Signature of Registered Agent

9/26/13 + signed + dated again
Date 9/10/13

If signing on behalf of an entity:

Charisse Russell
Typed or Printed Name

Charisse Russell

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314