

P/20000 86861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

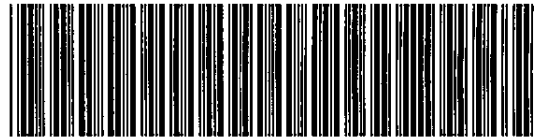
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700292956427

12/12/16--01025--014 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 12 P 3:01

FILED

DEC 14 2016

T. LEMIEUX

RA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A2Z Lawn and Property Maintenance Inc.
Name of Corporation

DOCUMENT NUMBER: P 12000086861

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:

Amy M. Hancock
Name of Contact Person

A2Z Lawn and Property Maintenance Inc
Firm/Company

P.O. Box 6676
Address

Seffner FL 33583
City/State and Zip Code

Jerri-Brian@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Hancock at (813) 389-1071
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A2Z Lawn and Property Maintenance Inc
2. The principal office address: 510 Cocoplum dr
Seffner Fl 33584
3. The mailing address (if different): P.O. Box 6676
Seffner Fl 33583
4. Date of incorporation/qualification: 10-15-12 Document number: PI2000086861
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)

Amy M. Storer
510 Cocoplum dr
Seffner Fl 33584

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

Amy M. Hancock
510 Cocoplum dr
Seffner Fl 33584

P.O. Box NOT acceptable

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.


Signature of an officer or director

Amy Hancock President/owner
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.


Signature of Registered Agent

12-9-16
Date

If signing on behalf of an entity:

Amy M. Hancock
Typed or Printed Name

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