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(R	equestor's Name)		
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R. WHITE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SURL-BAZ-BAY LAWN CAR	= lnc		
DOCUMENT NUMBER: P12000092855	<u></u>		
The enclosed Statement of Change of Registered Office/Agent and	I fee are submitted for filing.		
Please return all correspondence concerning this matter to the following	owing:		
Name of Contact Person SCLRF-BAZ-BAY CAWAL Firm/Company 1080 94 STREET #60 Address BAY HARBOR (SCAMDS RECIET) City/State and Zip Code TOBORG 23230 GMAIL E-mail address: (to be used for future annual	CARE, INC 01 A 33154		
For further information concerning this matter, please call:			
Ercic J. DoniA-Ti at (7)	36) 253 - 2464 Code & Daytime Telephone Number		
Name of Contact Person Area	Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: S Amendment Section	treet Address:		
	Division of Corporations		
-	lifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 Transition of the state of the state of Transition of the state of Transition of the state of Transition of the state of the stat	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Such-BAZ-BAY LAWN CARE, INC 2. The principal office address: 1020 94 STREET \$601 BAY HARBOR ISCANDS FZA 33154	_
2. The principal office address: 1020 94 STREET #601	_
BAY HARBOR ISCANDS FZA 33154	_
3. The mailing address (if different):	
11/21/2	_
4. Date of incorporation/qualification: 11/06/2012 Document number: P12 0000 92853	2
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)	
DONNIA-M. DEGATO EQUIRE	
DONNA-M. DEGATO ESQUIRE 1031 IVES DANRY ROAD STE 228	
MIANCI FZA 33179	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
DONNIA-M. DECAMO, ESQUIRE	ı
19 WEST FLAGLER STREET # 406	
DONNAM. DECAMO ESQUIRE 19 WEST FRACCER STREET # 406 P.O. BOX NOT acceptable MIANLI FLA 33130	
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.	
Erzic J. Dona-Ti Figurgure of an officer or director 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 Way 10 2014 Date	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$25.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)