

P130000065653

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL.

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Taricano Landscape Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P13000065653

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:

Valerie Matthew

Name of Contact Person

Taricano Landscape Inc.

Firm/Company

4550 Bedford Rd.

Address

Sanford, FL 32773

City/State and Zip Code

valerie@plantthisfl.com

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

For further information concerning this matter, please call:

Valerie Matthew

Name of Contact Person

at (904) 679-2226

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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: Taricano Landscape Inc.
2. The principal office address: 4550 Bedford Rd., Sanford, FL 32773
3. The mailing address (if different): 4550 Bedford Rd., Sanford, FL 32773
4. Date of incorporation/qualification: 08/06/2013 Document number: P13000065653
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)

Mark Taricano

1899 Ranchland Trail

Longwood, FL 32750

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

Valerie L. Matthew

475 N. Carolina Run

P.O. Box NOT acceptable

Sanford, FL 32773

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.

Mark Taricano

Signature of an officer or director

Mark Taricano / 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.*

Valerie L. Matthew

Signature of Registered Agent

8/9/2021

Date

If signing on behalf of an entity:

Valerie Matthew

Typed or Printed Name

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

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

CR2E045 (04/13)

STATE OF FLORIDA  
TALLAHASSEE, FL

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