

P13000096002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

WILLIAM ROSE
EVOLUTION LAWN CARE INC
6013 ANNO AVE
ORLANDO, FL 32819

SUBJECT: EVOLUTION LAWN CARE INC
Ref. Number: P13000096002

We have received your document for EVOLUTION LAWN CARE 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00017148

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Evolution Lawn Care Inc
Name of Corporation

DOCUMENT NUMBER: 46-4199358 / P13000096002

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:

William ROSE
Name of Contact Person

Evolution Lawn Care Inc
Firm/Company

6013 Anno Ave
Address

Orlando FL 32809
City/State and Zip Code

evolutionlawncareinc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William ROSE at (407) 697-6468
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Evolution Loma Care Inc
2. The principal office address: 6013 Anno Ave
Orlando FL 32809
3. The mailing address (if different): 7512 Dr. Phillips Blvd
Orlando 32819
4. Date of incorporation/qualification: 5-2-14 Document number: P13000096002
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)
John Vics
35. John Young Parkway #1
Kissimmee, FL 34741
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William ROSE
1060 Lake Weldona dr
P.O. Box NOT acceptable
Orlando 32806

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]
Signature of an officer or director

William ROSE
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]
Signature of Registered Agent

7-21-14
Date

If signing on behalf of an entity:

William ROSE
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

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