

P14000094024

(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, FLORIDA

NOV 01 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wood Brothers Lawn Care, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000094024

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:

Taylor R. Wood

Name of Contact Person

Wood Brothers Lawn Care, Inc.

Firm/Company

1009 Marabon Avenue

Address

Orlando, FL 32806

City/State and Zip Code

woodbrotherslawncare@yahoo.com

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

For further information concerning this matter, please call:

Roni M. Wood

Name of Contact Person

at (407) 748-9148

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: Wood Brothers Lawn Care, Inc.
2. The principal office address: 1009 Marabon Avenue, Orlando, FL 32806
3. The mailing address (if different): 1009 Marabon Avenue, Orlando, FL 32806
4. Date of incorporation/qualification: 11/19/14 Document number: P14000094024
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)

Taylor R. Wood

1009 Marabon Avenue

Orlando, FL 32806

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

Roni M. Wood

1009 Marabon Avenue

P.O. Box NOT acceptable

Orlando, FL 32806

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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.

Taylor R. Wood
Signature of an officer or director

Taylor R. Wood

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.

Roni M. Wood
Signature of Registered Agent

10/23/18
Date

If signing on behalf of an entity:

Roni M. Wood

Typed or Printed Name

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