

P14000101678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

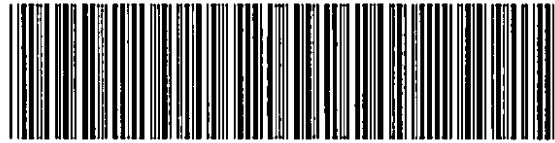
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

OCT 24 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Carl Mangrum's Lawn Service Inc  
Name of Corporation

DOCUMENT NUMBER: P14000101678

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:

Louise M Gershak  
Name of Contact Person

Carl Mangrum's Lawn Service Inc  
Firm/Company

1881 SE Boma Ave  
Address

Port St Lucie, Florida 34952  
City/State and Zip Code

Shack255@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise M Gershak at (772) 263-3415  
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: Carl Mangrum's Lawn Service, Inc.  
2. The principal office address: 1881 SE Boma Ave  
Port St Lucie, Florida 34952  
3. The mailing address (if different): Same As

4. Date of incorporation/qualification: 01-01-2015 Document number: P14000101678  
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)

Carl L Mangrum  
12591 83rd Lane North  
West Palm Beach, Florida 33412

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

Louise M Gershak  
1881 SE Boma Ave  
P.O. Box NOT acceptable  
Port St Lucie, Florida 34952

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.

Louise M Gershak  
Signature of an officer or director

Louise M Gershak  
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.

Louise M Gershak  
Signature of Registered Agent

10-03-2018  
Date

If signing on behalf of an entity:

Louise M Gershak  
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 32316

CR2E045 (03/12)

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