P1500000 2563

(Re	equestor's Name)			
(Ad	idress)			
(Ac	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Do	ocument Number)			
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: LOYAL LAWN SERVICE INC Name of Corporation					
DOCUMENT NUMBER: P15000002503					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:				
ANNALEA DIAZ					
Name of Contact Person					
LOYAL LAWN SERVICE INC					
Firm/Company					
501 SW 158TH TERRACE 204					
Address					
PEMBROKE PINES, FL 33027					
City/State and Zip Code	· · · · · · · · · · · · · · · · · · · 				
ANNALIA923@AOL.COM					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
ANNALEA DIAZ	at (754)366-8962				
Name of Contact Person	at (754)366-8962 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depa	artment of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitte	d for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of FLOR registered agent, or both, in the State of Florida	IDA
		LOYAL LAWN S		
2. The principal	office address:	501 SW 158TH TE	ERRACE, APT 204, PEMBROKE PINES, FL 3302	7
3. The mailing a	address (if differ	ent): 501 SW 158T	H TERRACE, PEMBROKE PINES, FL 33027	
4. Date of incor	poration/qualific	cation: 01/08/2015	Document number: P15000002503	
		of the current regist (If resigned, enter r	tered agent and registered office on file with the resigned)	
	ANNALEA DI	AZ (RESIGNED)		
	501 SW 158TH	TERRACE #204		
	PEMBROKE P	INES, FL 33027		3
6. The name and (if changed):	d street address	of the new registere	ed agent (if changed) and /or registered office) P1112: 28
	JOSE A DIAZ			:3
	501 SW 158TH	TERRACE #204		
			P.O. Box NOT acceptable	
	PEMBROKE P	INES, FL 33027		
The street address changed will	ess of its registe be identical.	ered office and the	street address of the business office of its regis	stered agent,
Such change wa authorized by t	as authorized by	y resolution duly a corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	гso
	THE T		ANNALEA DIAZ	
	ve of an afficer or du		Printed or typed name and title	
I further agree of my duties, ar document is bei	to comply with Id I am familiar ing filed merely	the provisions of a with and accept the	ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered ager e in the registered office address. I hereby con hange.	performance it. Or, if this firm that the
	and his	_	09/24/2020	
,	Mature of Registered		Date	<u> </u>
If signing on be	chalf of an entity	V:		
JOSE A DIAZ				
Т	yped or Printed Nam	e		

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