P15000058219

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Ви | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| L | | |

Office Use Only



500282368705

02/26/16--01018--013 **35.00

2016 FEB 26 AM 9: 56

RARDCH8

FEB 29 2016

I ALBRITTON

COVER LETTER

| TO: Amend Division | Iment Section on of Corporations |
|-----------------------|--|
| Tu Subject: | urfco Landscape Services Inc. |
| SUBJECT: | Name of Corporation |
| | P15000058219 |
| DOCUMENT | NUMBER: |
| The enclosed S | statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return al | Il correspondence concerning this matter to the following: |
| | Thad Cotton |
| | Name of Contact Person |
| | Turfco Landscape Services Inc. |
| | Firm/Company |
| | P.O. Box 14403 |
| | Address |
| | Clearwater, Fl 33766 |
| | City/State and Zip Code |
| | Turfcothad@gmail.com |
| | E-mail address: (to be used for future annual report notification) |
| | |
| For further info | ormation concerning this matter, please call: |
| Thad Cotton | |
| | 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 Street Address: Amendment Section |

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Street Address: Amendment Section Division of Corporations-Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

| NATE & BALLE | BOTH FOR CORPORATIONS |
|---------------------------------|---|
| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida |
| in orde | r to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of | Turfco Landscape Services Inc. |
| | office address: 2836 Meadow Hill Dr. North Clearwater, Fl 33761. |
| 3. The mailing a | address (if different): |
| 4. Date of incorp | poration/qualification: Document number: P15000058219 |
| | d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) |
| | Corporation Service Company |
| | 1201 Hays Street |
| | Tallahassee, Fl 323201 |
| 6. The name and (if changed): | Tallahassee, Fl 323201 I street address of the new registered agent (if changed) and /or registered office |
| | Thad Cotton |
| | 2836 Meadow Hill Dr. North Clearwater, Fl 33761 |
| | P.O. Box NOT acceptable |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa | as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. |

Signature of an officer or 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.

Signature of Registered Agent

2 (22) 16 Date

If signing on behalf of an entity:

Typed or Printed Name

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