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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

*,*En1	ter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
\; -	an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res:	s ple	ase.	**

Email Address:

REGISTERED AGENT CHANGE CONTROLLED GROUNDS LANDSCAPING, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Help





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

statement of cha	inge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of	this
		e or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Controlled Gro	ounds landscaping, Inc.	
2. The principal	office address: 2903 SE BAM	BOO ST. STUART, FL 34997	
3. The mailing a	address (if different): 2903 SE E	BAMBOO ST. STUART, FL 34997	
4. Date of incor	poration/qualification: 12/30/2	016 Document number: P1700000420	
	d street address of the current retriment of State: (If resigned, en	egistered agent and registered office on file with the iter resigned)	
	UNITED STATES CORPORA	ATION AGENTS, INC.	
	13302 WINDING OAK O	COURT	ı,
	SUITE A TAMPA, FL 33612		19 P
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office	APR 21.
	Registered Agents Ir	nc	
	7901 4th St N STE 300		OF SIA
		P.O. Box NOF acceptable	12 Tight
	St. Petersburg FL 33	3702	T
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registe	red agent,
Such change wa authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer s as been notified in writing of the change.	o
Steven	Wacken	Steven Wacker	
Signati	ire of an officer or director	Printed of typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as regi- rely to reflect a change in the registered office addres a notified in writing of this change.	stered is, I
Bee Han	···	04/24/2019	
	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Bill Havre	Law Diag A Man	<u> </u>	
1	'yped or Printed Name *** F1	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)