P17000084490

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COVER LETTER

TO: Amendment Section Division of Corporations

TRIM-YARD LANDSCAPING INC

Name of Corporation

DOCUMENT NUMBER: P17000086490

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:

MAURILIO DELGADO

Name of Contact Person

PRESIDENT

Firm/Company

1100 WEST 79 STREET APT 8

Address

HIALEAH - FLORIDA 33014

City/State and Zip Code

VBATALLAS@HOTMAIL.COM

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

For further information concerning this matter, please call:

VICTORIA BATALLAS 786 3551894

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

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statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.
1. The name of t	the corporation: TRIM-YARD	LANDSCAPING INC
2. The principal	office address: 1100 WEST	79TH STREET APT E8 HIALEAH-FL 33014
3. The mailing a	ddress (if different): 1100 WES	T 79TH STREET APT E8 HIALEAH-FL 33014
4. Date of incorp	poration/qualification: 08/19/20	Document number: P17000086490
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	VICTORIA BATALLAS	
	1100 WEST 79TH STREET	TAPT E8 HIALEAH-FL 33014
6. The name and (if changed):	1 street address of the new register	ed agent (if changed) and /or registered office
	MAURILIO DELGADO	CAPTER HIAI FAH-FI 33014
	1100 WEST 79TH STREET	Γ APT E8 HIALEAH-FL 33014
	P.O. E	lox NOT acceptable
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Tietore	re of an officer or director	VICTORIA BATALLAS
Lhereby accept	the appointment as registered as	Printed or typed name and title ent and agree to act in this capacity. ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.
	m=	08/19/2018
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	BATALLAS	
T	yped or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE