## P95000002186

| (Requ                        | estor's Name)  |           |
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| (City/S                      | tate/Zip/Phone | : #)      |
| PICK-UP                      | WAIT           | MAIL      |
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| (Busin                       | ess Entity Nam | ne)       |
|                              |                |           |
| (Decili                      | ment Number)   |           |
| (0000)                       | ment rumber)   |           |
|                              |                |           |
| Certified Copies             | Certificates   | of Status |
|                              |                |           |
| Special Instructions to Fili | ng Officer:    |           |
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Office Use Only



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214104 RAIRO Chg.

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Platinum Coast Lawn Care Inc. (Name of corporation)  |  |  |
| DOCUMENT NUMBER: P9500002186  |  |  |
| 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:   |  |  |
| (Name of person)  |  |  |
| (Name of firm/company)  |  |  |
| 760 2745INW (Address)   |  |  |
| (Address)   |  |  |
| Modes FL 34/Q0 (City/state and zip code)  |  |  |
| (City/state and zip code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| (Name of person) at (239) 289-7665 (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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |  |  |

TO:

## 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  |  |
|--|--|
| change is submitted for a corporation organized under the laws of the State of   | <u>ridq</u> in order   |
| to change its registered office or registered agent, or both, in the State of Florida.   |  |
| 1. The name of the corporation: Platinum Coast lawn Ca   | ire, Inc.  |
| 2. The principal office address: 760 2716 54 NW  |  |
| Noples, FC. 34/40  |  |
| 3. The mailing address (if different): Jane  |  |
| 4. Date of incorporation/qualification: 1-6-95 Document number: 199.   | 5000002186   |
| 5. The name and street address of the current registered agent and registered office on file v Florida Department of State:  | with the   |
| Macias, Carlos Brett   |  |
| Macias, Carlos Brett  5795 copperleaf Inc  |  |
| Naples, FL 34116   | O4 J   |
| 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):  | 35.55 G  |
| GRAY JANSON I  | EFFIS PRIOR  |
| 760 271 54 NW  |  |
| (P.O. Box or personal mailbox NOT acceptable)  | Ä  |
| 140 ks, FL. 34/20  | ·  |
| The street address of its registered office and the street address of the business office of changed will be identical.  | f its registered agent, as   |
| Such change was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.  | an officer so authorized by  |
| (Signature of an officer or director)  Carlos Bre. (Printed or type)   | H Macias D   |
| 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 cauties, and I am familiar with and accept the obligation of my position as registered as being filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change. | omplete performance of my<br>gent. Or, if this document is<br>that the corporation has |
| 1- 1911 XX   | 27-04  |
| (Signature of Registered Agent)  | (Date)   |
| If signing on behalf of an entity:   |  |
| (Timed or Printed Name)  | Canacity)  |

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