P95000092762

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
		·		

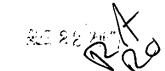
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OF AUG 11 AM 10: 51
SECRETARY OF STATE
TALEAHASSEE FI OBJECT



COVER LETTER

Division of Corporations					
SUBJECT: A & K Lawn and Landscaping, Inc					
(Name of Corporation)					
OCUMENT NUMBER: P95000092762					
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:					
Leon R. Ferraez (Name of Contact Person)					
(Name of Confact Person)					
Ferraez, L.L.C.					
(Firm/Company)					
1519 Dr. Martin Luther King St., Suite A-3 (Address)					
St. Petersburg, FL 33704 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Leon R. Ferraez at (727) 822-8987 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(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					

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or reg	anized under the laws of the State of	Florida		
1. The name of t	the corporation: A & K Lawn and Land	scaping, Inc 、			
2. The principal	office address: 2135 Beach Drive SE,				
3. The mailing a					
4. Date of incor	poration/qualification: 12/4/1995	Document number: P95000	092762		
	d street address of the current registered truent of State:	d agent and registered office on file w	ith the		
	Christine Grybauskas				
	139 Persing St. NE				
	St. Petersburg, FL 33702				
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered of	fice		
	Vince Grybauskas		- T 0		
	2135 Beach Drive SE, Apt. #		ECR FCR		
	(P.O. Box NOT accept	able)	おいま		
	St. Petersburg, FL 33705 ess of its registered office and the str I be identical.		()		
Such change wanthorized by t	as authorized by resolution duly ado he board, or the corporation has beer	pted by its board of directors or by a notified in writing of the change.	n o∰er so		
Christ	ture of an officer of dispersor	Christine Grybauskas, Presi			
I further agree of my duties, a document is be	t the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the ing filed herely to reflect a change i is been notified in writing of this char	statutes relative to the proper and co obligation of my position as register n the registered office address, I her	omplete performance red agent. Or, if this eby confirm that the		
/////	LM.	August 7, 2006			
If signing on b	ehalf of an entity: (Typed or Printed Name)	(Date)			
	() per or rames rame)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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