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EMERALD GREE	N LAWN CARE WES 055 U.S. 19 NORTH ARWATER, FL 34625	T, INC.	/		1147
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

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 Statutes,
the undersigned corporation organized under the laws of the State of <u>CCHDD</u> : submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: EMERDED SPEEN LAWN CARE WEST, INC
1. 110 110 110 01 110 001 110 110 110 11
2. The mailing address of the corporation is: 22055 U.S. 19 NOIGH
CLEAWATER FL 33765
3. Date of incorporation/qualification: 5/15/97 Document number: SAME
4. The name and address of the current registered agent and office:
4. The name and address of the current registered agent and office: EVRY MCD49SH 220ST US 19 MC9H CLEONUSTER FL 3376S 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
22055 US 19 MORTH 22066
22055 US 19 MORTH 2 33765 2
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
EVAN MCD9004
2205 US 19 NOG97
ccormonal, P-33765
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board
10/20/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed hame and title) (Page 1 / 20/97 (Printed or typed hame and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
1/1/20/97
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
even westast density Director
(Typed or Printed Name) (Capacity)