

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE QUALITY FIRST LAWN AND SHRUB CARE, INC.

Certificate of Status	0
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Corporate Filing Menu

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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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA	_
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: QUALITY FIRST LAWN AND SHRUB CARE, INC.	
2. The principal office address: 7522 NARCOOSSEE ROAD ORLANDO, FL 32822	
3. The mailing address (if different): P.O. BOX 720475, ORLANDO, FL 32872	
4. Date of incorporation/qualification: 06/18/1998 Document number: P98000055221	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, outer resigned)	
MELMER, JEFFREY A	
7522 NARCOOSSEE ROAD	5.P
ORLANDO, FL 32822	品品
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	記書
GARY M. BERKSON	
301 E. PINE ST, STE 1400	
P.O. Box NOT acceptable	
ORLANDO, FL 32801	
The street additss of its registered office and the street address of the business office of its registered as changed will be identical:	çent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the change authorized by the board, of the change. Jeffrey A Melmer - Press	DENT
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. On if this document is being filed mereby to reflect a change in the registered office address, I hereby adhlitm that the perpendicular hours. Signature of my duties, and I am familiar with and accept the obligation of my position as registered agent. On if this document is being filed mereby to reflect a change in the registered office address, I hereby adhlitm that the perpendicular hours. Signature of the appointment as registered agent and agree to act in this capacity. I full statutes are also and agree to act in this capacity. I full statutes are also and agree to act in this capacity. I full statutes are also accept the obligation of my position of my position as registered agent. Signature of the proper and complete performance of the proper and complete performance of my duties, and a supplied the proper and complete performance of my duties, and a supplied the proper and a supplied the proper and complete performance of my duties, and a supplied the proper and complete performance of my duties, and a supplied the proper and complete performance of the proper and complete performance of my duties, and a supplied the proper and complete performance of the proper and compl	
Typod or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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