

P99000013728

Requestor's Name
MARK Eidman
57 Bickford Dr.
Palm Coast FL 32137

City/State/Zip Phone #

400002973774--5
-08/30/99--01105--014
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 SEP 23 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS -- SEP 23 1999

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 2, 1999

MARK EIDMAN
57 BICKFORD DR
PALM COAST, FL 32137

SUBJECT: LAWN SHARK LAWN SERVICE, INC.
Ref. Number: P99000013728

We have received your document for LAWN SHARK LAWN SERVICE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

TO RESIGN AS AN OFFICER/DIRECTOR WITH THIS OFFICE PLEASE COMPLETE THE FORM ENCLOSED. WE WILL APPLY THE \$35.00 PREVIOUSLY SENT TO THIS FILING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 599A00043865

*all file
9-16-
9:29AM*

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

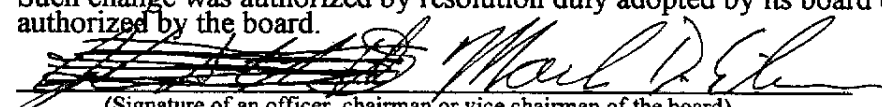
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Lawn Shark Lawn Service, Inc.
2. The mailing address of the corporation is: P.O. Box 351444
Palm Coast, FL 32135
3. Date of incorporation/qualification: Feb. 9, 1999 Document number: P99000013728
4. The name and address of the current registered agent and office:
Mark D. Eidman
57 Bickford Dr.
Palm Coast, FL 32137
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
John G. Eidman II
5 Budshire Ln.
Palm Coast, FL 32137

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature of an officer, chairman or vice chairman of the board)

9/11/99
(Date)

Mark D. Eidman,

(Printed or typed name and title)

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.


(Signature of Registered Agent)

9-12-99
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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