I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: SANDRO MENDOZA

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA P	ROFIT CORPORA	TION ANNUAL REPORT

DOCUMENT# P11000037415

Entity Name: S. MENDOZA COMPLETE LAWN CARE, INC.

Current Principal Place of Business:

4870 20TH ST NE NAPLES, FL 34120

Current Mailing Address:

4870 20TH ST NE NAPLES, FL 34120

FEI Number: 45-1704956

Name and Address of Current Registered Agent:

LANE, PATRICK CPA 606 BALD EAGLE DR SUITE 301 MARCO ISLAND, FL 34145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: PATRICK LANE			03/16/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	MENDOZA, SANDRO	Name	MENDOZA, OSVALDO	
Address	4870 20TH ST NE	Address	645 SW BLVD	
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34113	

Certificate of Status Desired: No

PRESIDENT

03/16/2022

FILED Mar 16, 2022 Secretary of State 7347076238CC

Date