1/16/25, 4:26 PM

To:

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000019940 3)))



H250000199403ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email:	Address:			

## LLC REGISTERED AGENT CHANGE ARBUCKLE LAWN CARE SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

(1) :-

Electronic Filing Menu Corporate Filing Menu

Help

To

## **COVER LETTER**

LegelZoom.com, Inc.

Registration Section TO: Division of Corporations

## ARBUCKLE LAWN CARE SERVICE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this	matter to the following:
Erik Treutlein	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
9900 Spectrum Dr	
Address	
Austin, TX 78717	
City/State and Zip Code	
seebuckle@yahoo.com	
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matter, p	olease call:
Erik Treutlein	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

١.	Na	me of the limited liability company:	LC		CARE SE	RVICELLC	
2.	(a)		_ (	b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
		4 WELLINGTON AVE		4 WELLINGTON AVE			
		LEHIGH ACRES, FL 33936		LEHIGH ACRES, FL 33936			
		01/03/2025		L2500000	07044		
3.		Date of filing/registration in Florida	- 4.		Document number	ľ	
e	/a)						
٥.	(a)	Registered Agent and Registered Office shown on the records of the ARBUCKLE, COLE	he Florid	a Dept. of State	ē:		
		Registered Office Address (MUST BE FLORIDA STREET A	-				
		4 WELLINGTON AVE					
		LEHIGH ACRES , FL	33936	· · · · · · · · · · · · · · · · · · ·	<del>.</del> ;.	20:	
						FII. 2025 JAN 16	
(b)	(b)			· <u>=</u> <u>.</u>			
		Emer name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>					
		UNITED STATES CORPORATION AGENTS		3 8			
		NEW Registered Office Address:		-	. <u>e</u> . . 2		
		476 Riverside Ave.			(h) <sup>12</sup>	. 18	
		Jacksonville, FL_	32202				
the ago wa the	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the the regi bility c f the lir imited	e State of Flo istered office ompany, it is nited liability	e and the business of s hereby confirmed y company or as oth apany.	office of the registered that the change(s)	
	Signature of a member or authorized representative of a member			Printed or typed name of signee			
pro the to i	visi obli nerc ifiea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete presentions of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.  The property of this change.	perforn for in ereby c	tance of my d Chapter 605 confirm that	duties, and I am Tar	miliar with and accept	
Siv	natur	CORPORATION AGENTS, INC.		/ t two			