02676

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscqlobal.com

Date: October 17, 2018

Order#: 435022-003

Re: HOTEL CLEANING SERVICES, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Wilmington, DE 19808

Attn: Kelsey Eulert c/o Corporation Service Company 251 Little Falls Drive

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corporation orgo	502; 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of MN stered agent, or both, in the State of Florida.	-
1. The name of	the corporation: HOTEL A/C CLEANIN	G SERVICES, INC.	
= =	office address:ata Blvd., Suite 240, Wayzata, MN 553		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/07/2002	Document number: F08000002676	
	d street address of the current registered rtment of State: (If resigned, enter resigned)	agent and registered office on file with the ned)	
	CT CORPORATION SYSTEM		
	1200 S PINE ISLAND RD	•	
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	
	Corporation Service Company	ı .	
	1201 Hays Street	t.	
		OT acceptable	
	Tailahassee	FL 32301	
as changed will	be identical.	address of the business office of its registered age	nt,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change	
X 20 2	? Cionii	Jill Cilmi, Vice President	
I further agree in performance of agent. Or, if the hereby confirm	my duties, and I am familiar with and	stutes relative to the proper and complete accept the obligation of my position as registèred flect a change in the registered office address, I	-
<u>Ву: Ж</u> л	one C-Kuble nature of Registered Agent	10/17/2018	
Sig	nature of Registered Agent	Date	-
If signing on be	half of an entity:		
Grace E. Kirby,	Assisted Vice President		
T	yped or Printed Name	1	

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

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