## LD8000037173

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(Address)
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(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
JALLAHASSEE, FLORID

## COVER LETTER

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.TO: Registration Section
Division of Corporations

SUBJECT: SEREANI TUIKABA CL	LEANING SERVICES LLC
	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	g this matter to the following:
Sereani J. Tuikaba (Name of Person)	
(Name of Ferson)	
SEREANI TUIKABA CLEANING SERVICES LL	C
(Firm/Company)	<u> </u>
MAD5 → 11 P.O. BOX 150034 → 1	
(Address)	· <del></del>
Altamonte Springs FL, 32715	
(City/State and Zip Code)	
•	
For further information concerning this mat	ter, please call:
•	,
Sereani J. Tuikaba	at ( 407 ) 914-6638
(Name of Person)	(Area Code & Daytime Telephone Number)
•	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followi	ng amount:
	☐ \$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 608.416 or 608.508, 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.

1. Name of the limited liability company: SEREANI TU	JIKABA CLEANING SERVICES LLC	3
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1116 Castle Wood Terr 204 Casselberry, Fl 32707	0 1
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	AU	D D
June 6, 2008	L08000037173	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:	
Registered Agent:	Jazmine L. Wittemen	
Registered Office Address:	1116 Castle Wood Terr 204 Casselberry, FI 32707	H
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Sereani J. Tuikaba	0
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1116 Castle Wood Terr 204 Casselberry, FL 32707 ,FL	E3
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  Jazmine Wittemen  (Printed or typed name of signee)  I hereby accept the appointment as registered agent and agreement with and accept the obligations of my position at F.S. Or, if this document is being filed to merely reflect a che confirm that the limited liability company has been notified in (Signature of Registered Agent)	ws of the State of Florida, it is hereby confirmed address of the registered office and the business of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the organization of the operating agreement of the limited organization of the operating agreement of the limited organization. I further agree to see to get in this capacity. I further agree to reer and complete performance of my duties? and I is registered agent as provided for in Chapter 608, ange in the registered office address. I hereby	1

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00