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COVER LETTER

Division of Corporations
SUBJECT: J.W.U. Cleaning Services LLC Name Collimited 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:
Joaquin Balderas Name of Person
J. W. U. Cleoning Services LLC Firm/Company
2506 Haywood Street Address
La keland FL 33801 City/State and Zip Code
Toaquin. Balderas @ Synergu 55. Com E-mail address: (to be used for future annual reportation)
For further information concerning this matter, please call:
Joqquin Balderas at (863) 521-0456 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 amount:
□ \$25 Filing Fee \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

1. Name of the limited liability company:	J. U. Cleaning Services LLC
2. (a) 2506 Haywood Street	(b) 2506 Haywood Street
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Lakeland FL 33801	Lakeland, FL 33801
	<u> </u>
December 22, 2016 Date of filing/registration in Florida	4. L/600023/099 Document number
5. (a) Viginia Martinez	
Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of State:
2908 Ellis Avenue	
Registered Office Address MUST BE FLORIDA ST	TREET ADDRESS)
	77 TT 12 PROPERTY OF THE PROPE
Lakeland	_,FL <u>33803</u>
(b) Jogguin Balderas	OF ST.
Enter name of NEW Registered Agent and/or NEW Res	gistered Office address:
2506 Harwood Stre	▶
NEW Registered Office Address:	<u>-e </u>
1	
Lakelan	,FL <u>3380/</u>
the change or changes are made, the Florida street add	the laws of the State of Florida, it is hereby confirmed that after thress of the registered office and the business office of the registered
was/were authorized by an affirmative vote of the men	nited liability company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement	/
Signapore of a member or authorized representative of a member	r Virginia Martine 2 Printed or typed name of signee
	and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and cou	implete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed ress, I hereby confirm that the limited liability company has been
Howell Baldon	
Signature of Registered Agent	
Division of Corporations•	P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00