LITECOICAL 234

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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1. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	ŧ		
SUBJ	ECT: DIVE IN Residen	ame of Limited Liability Company	PIVICT	20
	Sir or Madam:			
The er	nclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	<u> </u>	
Please	return all correspondence concerning	this matter to the following:		
	TEN N GIGMBRONE Name of Person			
Dii	Firm/Company	d Commercial hol Cleaning service	14C	
_// 4	Laurel Wood way (Address	ONIT 103		
	City/State and Zip Code	32086		
	1001 palts meg @ hotm E-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matter, please call:		+		
Pe	TER N GIGABOOKE	at (904) 217 1378		
	Name of Person	Area Code & Daytime Telephone Number	}	
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
	Division of Corporations	Division of Corporations	1	
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	Tallariabbee, Florida 32314		
	Enclosed is a check for the following	ng amount:	1	
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	i l	

INHS18 (2/14)

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

sub	mits rida	
1. 2.		me of the limited liability company: DIVE IN Residential AND Commercial Pool Ceaning 1/7 Laure L wood Hay unit 103 (b) 2005 FUAREZ Are unit 103
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086
		AUGUST 1, 2017 L17000164234
3. 5	(a)	Date of filing/registration in Florida 4. Document number Peter N Giambrone
٥.	(ω)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) T SECENTLY Changed Principa (Goldriss
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) ST. MUSUSTINE 7 FL 32086 T TECENTLY Changed Principa L address ON Your FITE VEIN Change EMAIL ADDRESS TO CULTURE ROPES
		FL 32086 EMAIL ADDES
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		. 23
		NEW Registered Office Address:
		112 LAUREL WOOD WAY UNIT 103
		SAINT AUGUST, Ne FL 32086
the age was	cha nt w s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
<u>-</u> S	ignat	ure of a member or authorized representative of a member Peren N Gian Brone Printed or typed name of signee
I h pro the to i not	erek visio obli nere ifiea	on accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the consort of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been find my its change.
Sig	natur	e of Registered Agent