L17000198434

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	PIROCLEAN LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	e return all correspondence concerning the	is matter to the	following:		
MAR	IBEL VALLEJO				
	Name of Person		_		
PIRC	OCLEAN LLC				
	Firm/Company				
4470	NW 79TH AVE APT 2C				
•	Address				
DOR	AL FL 33166				
	City/State and Zip Code				
piroc	leanmiami@gmail.com				
	E-mail address: (to be used for future ann	ual report noti	lication)		
For fu	orther information concerning this matter,	please call:			
MAR	IBEL VALLEJO	305	570-5085		
	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	Re Di P.	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	□ s	55 Filing Fee & Certified Copy		
INHSI	18 (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.

2. (a)	4470 NW 97TH AVE APT 2C	(1	_{b)} 4470 N	W 79TH AVE APT 2C
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/25/2017	_	L170001	98434
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	FLORIDA CORPORATION REPORT INC	_		_
. ,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	ite:
	2634 NW 97TH AVE			_
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	
				200 7AL
	DORAL	33172		L
(b)	MARIBEL VALLEJO			E L 2019 OCT 28 SECRETARY ALLAHASSE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	
	4470 NW 79TH AVE APT 2C			AHIO: 03
	NEW Registered Office Address:	-		ڪ _. جي
	DORAL .FL	33166		_
				_
he cha igent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ibility c if the lin	istered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	N Zelek	MA	RIBEL V	ALLEJO
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I do in writing of this change.	perforn 1 for in	iance of my Chapter 60	oduties, and I am familiar with and accep 15. F.S. Or, if this document is being filed
Signatu	re of Registered Agent			
	Division of Corporations P.O. I			issee, FL 32314

FILING FEE: \$25.00