Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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Email	Address:	

LLC REGISTERED AGENT CHANGE LOS DIABLOS CLEANING COMPANY, LLC

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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.

· torida	1201	DIABLOS CLEANIN	IG COMPANY, LL	C	
	me of the limited hability company:				
2. (a)	7901 4th St N STE 300		Po box 452155		
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Kissimmee FL 34745		
	St. Petersburg FL 33702	Kissimi			
	05/04/21 L210002		206669		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	INC AUTHORITY RA			.•.	
). (u)	Registered Agent and Registered Office shown on the re	ate:	SS SIVE		
	390 NORTH ORANGE AVE., ST		ZOZI AUG		
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)	-	or con	
	Orlando	-	# 9 A		
(b)	Northwest Registered Ag	ent LLC		. 1	
Cory	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	Registered Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300	<u></u>	_		
	St. Petersburg	33702	_		
the cha agent v was/w	imited liability company is not organized underinge or changes are made, the Florida street activity be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the moleles of organization or the operating agreeme	imited liability company, i embers of the limited liabi	ice and the business of the t is hereby confirmed tha lity company or as othery	t the change(s)	
\sim) organ Toble	Morgan No			
Sinna	ture of a member or authorized representative of a member	per	Printed or typed name of s	ignee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Love Tom Glover - Assistant Secretary Signature of Registered Agent

Signature of a member or authorized representative of a member