5/3/23, 10.55 AM

Division of Corporations K(H23000165755 3)))

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(((H23000165755 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

EFILE1234@INCFILE.COM Email Address:

LLC REGISTERED AGENT CHANGE ALL AMERICAN MAID CLEAN LLC

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COVER LETTER

ALL AMERICAN MAID CLEAN LLC SUBJECT:		
	Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and	I fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to the	following:
LOVETTE DOBSON		
Name of Person		
INCFILE.COM LLC		
Firm/Company		
17350 STATE HWY 249 STE 220		
Address		
HOUSTON, TX 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future annual r	eport noti	fication)
For further information concerning this matter, plea	ise call:	
LOVETTE DOBSON	888 t (462-3453
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:	

(((H23000165755 3)))

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.

١.	Na	me of the limited liability company: ALL AMERICAN	N MAII	CLEAN LLC			
,	(a)			(h)			
2. (u)	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		!	Mailing address of limited lia		
		530 SISTRUNK CIR		530 SISTR			
		TALLAHASSEE, FL 32305	_	TALLAHASSEE, FL 32305			
		03/29/2022		1,220001522	280		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)						
J.	(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	<u>.</u> c: <u> </u>		
		LEGALING CORPORATE SERVICES INC.			`	2023	
		Registered Office Address (MUST BE FLORIDA STREET)	-	TK.			
		476 RIVERSIDE AVE.					
		JACKSONVILLE			_	ယ် က	
		JACKSONVILLE ,, FL		· · · · ·	-		
	(b)				-		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	ıddress:	•	£	
		Wendy Segree					
		NEW Registered Office Address:	· .	.	_		
		530 Sistrunk Circle					
					-		
		Tallahassee , FI	32305				
cha age wa the	ingent visioner	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like the identical by an affirmative vote of the members of cles of organization or the operating agreement of the limited by accept the appointment as registered agent and agriculture of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is a mortified this change.	e registe ability of the li- limited W	ered office and company, it is mited liability I liability com- endy Segree	d the business office of shereby confirmed that y company or as otherwapany. Printed or typed name of signature of signat	the registered the change(s) vise provided in	
Sig	£	re of Registered Agent					