L23000 098999

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100406886231

٠ ۲

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CNA Claning UName of Jimited Lial	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Otera Gebrehawariat Name of Person	CEO
CNA Cleaning LLC. Firm/Company	2023 R.C.
1038 NE Gurley AVE Address	
LAW CHU F1 32055 City State and Zip Code	- -
E-mail address: (to be used for future annual report notific	
For further information concerning this matter, please call:	
Cote 70 l Gebrehause et 352) 327-10109 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

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:



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.

l. Na	me of the limited liability company: CNA CLOANING LC
	638 NE GUELL AVE (6)
2. (4)	Principal office address of limited hibility company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Feb 23,2023 L23000098999
3. 5. (a)	Date of filing/registration in Florida 4. Document number CED COTELA GEOVERALATIAT (OWNEY) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LO38 NE GUYLEY AVE LAU CITY, F1 32055 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	, FL
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	CEO Coteza GebrenaWARIA+ (Owner)
	NEW Registered Office Address: 038 NE Gurley Ave
	Lake City ft 182055
change agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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) cre 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. Danie Fithman Registered vill printed or typed name of signee Printed or typed name of signee
I herei provisi the obl to merc	ture of a member or authorized representative of a member. Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the form of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been dip writing of this chapter.