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Amendment Section

Division of Corporations

TO:

Gladiator Pressure Cleaning, Inc. SUBJECT: Name of Corporation P08000025890 DOCUMENT NUMBER:__ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richard J. Spivey Name of Contact Person Gladiator Pressure Cleaning, Inc. Firm/Company 4005 Palm Key Ave Address Oldsmar, Florida 34677 City/State and Zip Code rickspivey@gladiatorpc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 924-2256 Richard J. Spivey Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address:
Amendment Section Street Address: Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ROTH	FOR	CORPOR	ATIONS

statement of change is subn	valued for a corporation organization organization organization of the comments of the comment	502, 607,1508, or 617,1508, Flo anized under the laws of the Stat stered agent, or both, in the Stat	te of		
1. The name of the corporat	Gladiator Pressure	e Cleaning, Inc.			
2. The principal office address: 4005 Palm Key Ave Oldsmar, Florida 34677					
3. The mailing address (if d	Same as abov	/e			
4. Date of incorporation/qu	corporation/qualification: March 11, 2008 Document number: P08000025890				
Florida Department of St	ate: (If resigned, enter resig	l agent and registered office on f	ile with the		
Richard	J. Spivey				
11921 F	Royce Waterford Circle				
Tampa,	Florida 33626		2019		
6. The name and street address (if changed):	ress of the new registered ag	gent (if changed) and /or register	2019 33. 22 MIII: 23		
Richard	J. Spivey		=		
4005 Pa	alm Key Ave				
Oldsma	P.O. Box No. r, Florida 34677	OT acceptable	 'ω'		
The street address of its reas changed will be identicated	gistered office and the stree il.	et address of the business office	of its registered agent,		
Such change was authorized by the board, or	ed by resolution duly adopted the corporation has been r	ed by its board of directors or b notified in writing of the change	y an officer so		
Signature of an officer	neir	Richard J. Spivey			
Signature of an officer	or director	Printed or typed name	and title		
I further garee to cominly v	with the provisions of all st	md agree to act in this capacity atutes relative to the proper and l accept the obligation of my po flect a change in the registered l in writing of this change.	d complete		
(whal I So	ur	July 15, 2019			
Signature, of Regis	tered Agent	Date			
If signing on behalf of an e	entity:				
Typed or Printed	Name				
	* * * FILING F	FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314