Entity Name: EVERLAST CLEANING EQUIPMENT & SUPPLIES, INC.		Secretary of State 3946685244CC		
6881 NW 16 TE	ncipal Place of Business: ERRACE RDALE, FL 33309		39400832	24400
Current Mai	iling Address:			
6881 NW 16 FORT LAUE	TERRACE DERDALE, FL 33309			
FEI Number: 65-0638218			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
COHN, GARY 6881 NW 16 TE FORT LAUDEF	ERRACE RDALE, FL 33309 US			
	,			
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Floric	da.
		stered office or regis		_{da.} 02/01/2024
	d entity submits this statement for the purpose of changing its regis	stered office or regis		
SIGNATUR	d entity submits this statement for the purpose of changing its regis	stered office or regis		02/01/2024
SIGNATUR	d entity submits this statement for the purpose of changing its regis E: GARY COHN Electronic Signature of Registered Agent	stered office or regis		02/01/2024
SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regis E: GARY COHN Electronic Signature of Registered Agent ctor Detail :			02/01/2024
SIGNATUR	d entity submits this statement for the purpose of changing its regis E: GARY COHN Electronic Signature of Registered Agent Ctor Detail : D	Title	D	02/01/2024
SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: GARY COHN Electronic Signature of Registered Agent ctor Detail : D COHN, GARY	Title Name	D COHN, WENDY 6881 NW 16 TERRACE	02/01/2024
SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: GARY COHN Electronic Signature of Registered Agent Ctor Detail : D COHN, GARY 6881 N.W. 16 TERRACE	Title Name Address	D COHN, WENDY 6881 NW 16 TERRACE	02/01/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis E: GARY COHN Electronic Signature of Registered Agent Ctor Detail : D COHN, GARY 6881 N.W. 16 TERRACE FORT LAUDERDALE FL 33309	Title Name Address City-State-Zip:	D COHN, WENDY 6881 NW 16 TERRACE FORT LAUDERDALE FL 33309	02/01/2024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY COHN

City-State-Zip: FORT LAUDERDALE FL 33309

PRESIDENT

City-State-Zip: FORT LAUDERDALE FL 33309

02/01/2024 Date

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9600002294

FILED Feb 01, 2024