WAGSTAFFE, 3440 N GOLDI				
APT 412	K EL 00700 LIO			
WINTER PARI	K, FL 32792 US ed entity submits this statement for the purpose of changing	its registered office or regis	stered agent, or both, in the State of F	Florida.
WINTER PARI		its registered office or regis	stered agent, or both, in the State of F	Florida. 01/15/2024
WINTER PARI	ed entity submits this statement for the purpose of changing	its registered office or regis	stered agent, or both, in the State of F	
WINTER PARI	ed entity submits this statement for the purpose of changing E: STEPHON WAGSTAFFE Electronic Signature of Registered Agent	its registered office or regis	stered agent, or both, in the State of F	01/15/2024
WINTER PARI	ed entity submits this statement for the purpose of changing	ı its registered office or regis	stered agent, or both, in the State of F	01/15/2024
WINTER PARI The above name SIGNATUR Authorized	ed entity submits this statement for the purpose of changing EE: STEPHON WAGSTAFFE Electronic Signature of Registered Agent			01/15/2024
WINTER PARI The above name SIGNATUR Authorized Title Name	ed entity submits this statement for the purpose of changing E: STEPHON WAGSTAFFE Electronic Signature of Registered Agent I Person(s) Detail : AMBR WAGSTAFFE, STEPHON R	Title Name	AMBR HOYT, MICHAEL A	01/15/2024
WINTER PARI The above name SIGNATUR Authorized Title	ed entity submits this statement for the purpose of changing E: STEPHON WAGSTAFFE Electronic Signature of Registered Agent I Person(s) Detail : AMBR	Title	AMBR HOYT, MICHAEL A 713 VILLAGE LANE	01/15/2024

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHON WAGSTAFFE

DOCUMENT# L22000455854

1449 SW HUTCHINS ST

**Current Principal Place of Business:** 

Entity Name: EVEN SIDE PRESSURE WASHING, LLC

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

## 01/15/2024

## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## Jan 15, 2024 **Secretary of State** 2989678336CR

FILED

Date