

# 310119

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

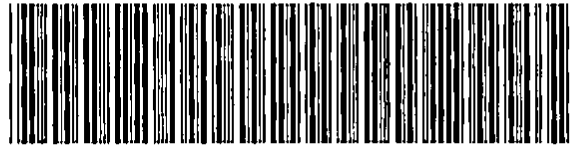
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## 400329408804

05/23/19--01007--019 \*\*70.00

**FILED**  
2019 MAY 23 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 10 2019  
C Kinsey

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **Cavalier Cleaning Corporation**  
Name of Corporation

DOCUMENT NUMBER: **310119**

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:

**Courtney Connor Maraziti**

Name of Contact Person

**Cavalier Cleaning Corporation**

Firm/Company

**9110 Auger Ave.**

Address

**Port St. Joe, FL 32456**

City/State and Zip Code

**cconnorarnp@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Courtney Connor Maraziti**

Name of Contact Person

**850 832-4902**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cavalier Cleaning Corporation
2. The principal office address: 4547 Red Oak Trace  
Marianna, FL 32446
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10-21-1966 Document number: 310119
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William Christopher Connor Estate

4547 Red Oak Trace

Marianna, FL 32446

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Courtney Connor Maraziti

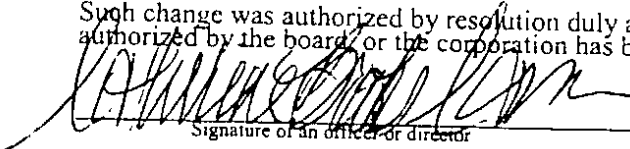
9110 Auger Ave.

P.O. Box NOT acceptable

Port St. Joe, FL 32456

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

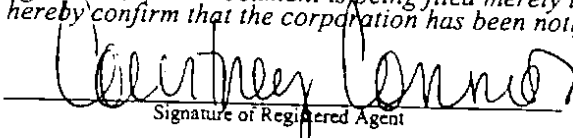
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Catherine Brooks Connor

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

5/21/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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TALLAHASSEE, FL