B02000000223

(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:

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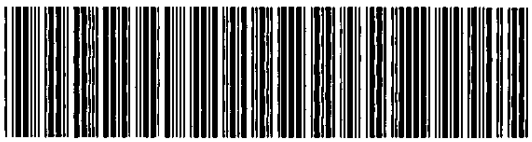

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FILED
2009 JUN 25 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 30 2009

EXAMINER

June 19, 2009

VIA US REGULAR MAIL

Florida Department of State
Division of Corporation
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **24 Hours Professional Janitorial Services LP**

Dear Sir or Madam:

On behalf of the above-referenced limited partnership, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. $35.00 to cover the required filing fee.

Please file immediately the enclosed and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

Leana Guzman

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. 24 HOUR PROFESSIONAL JANITORIAL SERVICES LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/24/2002
Date of filing/registration in Florida

3. B02000000223
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

INCORP SERVICES INC
Name

17888 67TH COURT NORTH
Address

LOXAHATCHEE FL 33470 US
City, State and Zip

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TALLAHASSEE, FLORIDA

5. The name and Florida street address of the new registered agent and/or office:

REGISTERED AGENT SOLUTIONS, INC.
Name

155 Office Plaza Dr. Suite A
Florida street address (P.O. Box not acceptable)

Tallahassee, FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Roland Morris Willen III
Signature of General Partner

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: $35.00
Certified Copy (optional): $52.50