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Y SULKER OCT 19 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I20	000000)195	
REFERÈNCE	: 138	3637	8339557	
AUTHORIZATION	Land	16 of a	Man	
COST LIMIT		35.00		
			· -	
ORDER DATE: October 18, 2021				
ORDER TIME : 2:36 PM				
ORDER NO. : 138637-010				
CUSTOMER NO: 8339557				
			· -	
CHANGE OF AGENT				
NAME: CLEANAIRE FL,	INC.			
PLEASE RETURN THE FOLLOWING AS	PROOF	OF FIL	JING:	
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.
	the corporation: CLEANAIRE FL	•
2. The principal	office address: 112 S Repess S	treet, Washington, NC 27889
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: March 16	, 2021 Document number: F21000001455
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)
	Cogency Global Inc	
	115 N Calhoun Street, Suite 4	
	Tallahassee	FL 32301
6. The name and (if changed):	d street address of the new registe	P.O. Box NOT acceptable FL 32301
	Corporation Service Company	
	1201 Hays Street	
	Tallahaassa	P.O. Box NOT acceptable
	Tallahassee	FL 32301 (AL) III
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its registered agent.
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Town !	20 N _	Edward L LIGH TO CFO Printed or typed name and title
_	e of an office or director	
I hereby accept I further agree of my duties, an document is bei corporation has Corporation	the appointment as registered of the comply with the provisions of the land acception of	ngent and agree to act in this capacity. 'all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the change.
BV: Eyluna	Own	10/18/2021
Lindsey M. Bard	majure of Registered Agent onic, Asst. Vice President	Date
	half of an entity:	
	yped or Printed Name	_
i,	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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